



Dr. James Gray
Superintendent

Stephen Hudak
Executive Director of Payroll

STOPPING VOLUNTARY POST TAX DEDUCTIONS FORM
(Do not use this form for health or state life insurance deductions)

Please attach a copy of your photo ID.

Payroll Department, Attn: Benefits Technician (non-medical and state life)

Fax to: (504)-308-1470 or email to: payrollrequest@jpschools.org

Fax or mail this form for all non-medical and state life voluntary deductions **except:**

403 (b) deductions- Contact National Plan Administrators (800)-880-2776, ask for 403(b) group

457 deductions- contact Voya: (504)-620-5564

457 Deduction Louisiana Public Employees Deferred compensation: <https://louisianadcp.empower-retirement.com/participant/#/login>

JFT Health and Welfare Dental and Vision (Fax 455-7267)

Date: ____/____/____
MM/ DD / YYYY

Dear Benefits Technician,
(Please Print)

I, _____ would like to cancel my payroll
(Employee Name) (Employee #)

deductions for _____ and amount per
(Name of deduction)

check _____ (effective the next available payroll)
(Amount per check)

Note: Payroll checks are processed at least 4 to 7 days prior to the actual pay date, possibly more in the event of holidays, year-end or special circumstances.

Deduction changes received by the end of the month will be processed by 1st check of the following month, exception 9-10 month employees making changes in June, July, and August go into effect the 1st check of September.

DEDUCTION CHANGES FOR SUMMER ESCROW CHECKS MUST BE RECEIVED BY JUNE 10th.

Signature _____