District Deduction Form

Social Insurance Number	Employee ID	Empl Rcd	Last Name, First Name	Action Code	Deduction Code	One time Amount	Pay Period Amount	Goal Amount

Action Code:	A- Add
	C - Change
	E - End

_____   _____
Authorized District Signature   Date

DISTRICT RECOVERY DEDUCTIONS

D00143 Rent Deduction TE	D00147 Misc Deduction/2 TE	D00151 Misc Deduction/5 TE
D00144 Advance Deduction TE	D00148 3rd Party Demands TE	D00152 Misc Deduction/6 TE
D00145 Municipal Tax TE	D00149 Misc Deduction/3 TE	D00153 Court Writ -Distric TE
D00146 Misc Deduction/1 TE	D00150 Misc Deduction/4 TE	