

DEDUCTION NOTICE – LEAVE WITHOUT PAY

Halifax County Human Resources

This form is to be used for full-time employees who are entering an unpaid leave status. The items (✓) checked on the list below are payroll deductions, which will continue to be your responsibility while you are on leave without pay with Halifax County.

Name: _____

Department: _____

<u>Deduction</u>	<u>Monthly Amount Due</u>
____ Shenandoah Life Insurance	\$ _____
____ Health Insurance	\$ _____
____ AFLAC	\$ _____
____ Occidental	\$ _____
____ Short-Term Disability	\$ _____
____ Jefferson Pilot Life Insurance	\$ _____
____ Protective Life Insurance	\$ _____
____ Andrew Jackson	\$ _____
____ Dental Insurance	\$ _____
____ Long-Term Disability	\$ _____
____ _____	\$ _____
____ _____	\$ _____
____ _____	\$ _____
Total Monthly Amount	\$ _____

The total amount due is required in Halifax County Human Resources by the 3rd and no later than the 5th of each month. A check is required for each deduction being paid for and should be made payable to Halifax County.

My Leave Without Pay Begins _____, 20____.

(month & date) (year)

I have reviewed and understand I am responsible for paying the full amount of the items (✓) checked above:

Signed Name: _____ Date: _____

