HOWARDS GROVE SCHOOL DISTRICT

Employee Request for Additional Contribution to be made to the Wisconsin Retirement System (WRS) through Payroll Deduction

Name (please print)	**Date of Request**

Please deduct from each of my payroll checks (24) the amount specified below for an additional WRS contribution. Effective payroll date: _____

This form must be received in the District Office, Attn: HR/Payroll, two weeks prior to effective date. Thank You!

DEDUCTION Payable to:	AMOUNT/% PER PAY
Wisconsin Retirement System (WRS)	$

Signature	Date

2-24-15