



Salary Abatement Request

Employee Information:	
District Name: _____	District Number: _____
Employee Name: _____ (Last) (First) (MI)	Payroll Number: _____
Employee Number: _____	Payroll Issue Date: _____
Social Security Number (SSN): <u> X X X - X X -</u> _____	

Original Amount Paid:				
Regular: _____	Overtime: _____	Cash Option: _____	Misc. Adjustment: _____	Total Gross: _____

Revised Amount:				
Regular: _____	Overtime: _____	Cash Option: _____	Misc. Adjustment: _____	Total Gross: _____

Net Abatement Amount:				
Regular: _____	Overtime: _____	Cash Option: _____	Misc. Adjustment: _____	Total Gross: _____

Reason for Abatement:

Requested by:		
Name: _____	Phone Number: _____	E-Mail: _____

Authorization:	
<i>Information indicated in this section will be verified with the district's current Certification of Signatures form. Please note that only original signatures from an authorized agent will be accepted.</i>	
Name: _____	Title: _____
Authorized Signature: _____	Date: _____

Upon Receipt of the Completed Form:
1. The net abatement amount will be available in Galaxy's View Salary Abatement screen.
2. The District is responsible for collection of payment. Upon collection, please submit the following:
a. Payment
b. Copy of Salary Abatement form

For County Use Only:		
Galaxy Entry Date: _____	Completed By: _____	Comments: _____