



**Division of Administration and Business Services
District Fiscal Services**

Salary Abatement Request

Please use the "View Employee Earnings by Payroll" Galaxy screen when completing this form.

District Information:	Payroll Information:
District Name: _____ District Number: _____	Payroll Number: _____ Fiscal Year: _____ Payroll Issue Date: _____
Employee Information:	Reason for Abatement:
Employee Name: _____ (Last) (First) (MI) Employee Number: _____ Social Security Number (SSN): <u>XX</u> X – <u>XX</u> – _____	

Original Amount Paid:
Position: _____ Salary: _____ Regular: _____ Overtime: _____ Misc. Adjust.: _____ Cash Option: _____ Gross: _____ Position: _____ Salary: _____ Regular: _____ Overtime: _____ Misc. Adjust.: _____ Cash Option: _____ Gross: _____
Revised Amount:
Position: _____ Salary: _____ Regular: _____ Overtime: _____ Misc. Adjust.: _____ Cash Option: _____ Gross: _____ Position: _____ Salary: _____ Regular: _____ Overtime: _____ Misc. Adjust.: _____ Cash Option: _____ Gross: _____
Net Abatement Amount:
Position: _____ Salary: _____ Regular: _____ Overtime: _____ Misc. Adjust.: _____ Cash Option: _____ Gross: _____ Position: _____ Salary: _____ Regular: _____ Overtime: _____ Misc. Adjust.: _____ Cash Option: _____ Gross: _____

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. Only original signatures from an authorized agent will be accepted.</i>
Name: _____ Title: _____ Signature: _____ Date: _____

Upon Receipt of the Completed Form:
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a) Payment b) Copy of Salary Abatement form

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