

**SHELBY COUNTY GOVERNMENT  
PAYROLL DEDUCTION FORM**

**EMPLOYEE NUMBER:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**DEDUCTION:** WEST TN COPS

	Type Code	Pay Period Amount	Start Date	End Date
<b>A</b>	<b>504</b>	_____	_____	_____

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_