

	CDH Number	
Employee Name:	Employee ID:	
School/Department:		
☐ 20 Checks ☐ 24 Checks (If you are a 10-month employee on deferred	d pay, you <u>must</u> mark 24 checks.	
	Please Check One	
Deduction Amount Per Pay Check:	New	
Pay Day to Start	Change	
Pay Day to Stop	Cancel	
a written <u>CANCELLATION</u>	on will continue until I submit <u>REOUEST</u> to the EDEP Office.	
Signature:	Date:	
EDEP Agent's Name:	Phone: 352-955-7766	
EDEP Child's Name	Information School	
Child's Name	School	Date
Child's Name	School	Date
Family's Current Lunch Status (please check one):	_ , _ , _	Scholarship Rate 3
	ffice Use Only	
Lunch status verified by:		
On-site coordinator notified by:	Date:	