

**ESCAMBIA COUNTY BOARD OF EDUCATION**  
**PAYROLL DEDUCTION FORM**

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

SOCIAL SECURITY NO: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

**EMPLOYEE AUTHORIZATION FOR *PAYROLL DEDUCTION***  
**FOR THE PURCHASE OF PERSONAL DAYS**  
**FOR 2016-2017**

I authorize the payroll department of the Escambia County Board of Education to deduct from my August 2016 and September 2016 monthly paycheck the following amounts:

	NUMBER OF DAYS	AMOUNT
August 2016	_____	_____
September 2016	_____	_____

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* This form must be in the payroll office no later than August 19, 2016, for the August deduction.

\* This form must be in the payroll office no later than September 16, 2016, for the September deduction.