

ESCAMBIA COUNTY BOARD OF EDUCATION PAYROLL FORM

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION

I authorize the payroll department of the Escambia County Board of Education to deduct from my monthly paycheck the following amounts for the below purposes:

Company Name \_\_\_\_\_

Product	Old Amount	New Amount
_____	_____	_____
_____	_____	_____

\*This form must be in the payroll office no later than the 15<sup>th</sup> of each month to begin being deducted from the selected paycheck. If not in the payroll office by the 15<sup>th</sup> of the month then the payroll deduction will not begin until the next month's check.

EMPLOYEE AUTHORIZATION TO DISCONTINUE PAYROLL DEDUCTION

I request that the payroll department of the Escambia County Board of Education stop the following payroll deduction:

Company Name	Product	Amount
_____	_____	_____
_____	_____	_____

EMPLOYEE SIGNATURE AND DATE

Effective Date: \_\_\_\_\_ Paycheck \* \_\_\_\_\_

EMPLOYEE SIGNATURE

DATE