



Tsé Nitsaa Deez'áhi Diné Bi'ólta'
ROCK POINT COMMUNITY SCHOOL

PO BOX 560 HIGHWAY 191
ROCK POINT, ARIZONA 86545
TELEPHONE (928) 659-4221
Fax (928) 659-4235

AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION

I, _____ hereby authorize Rock Point Community School
(Print Employee's Name)
to deduct from my wages for: _____
(Reason for Deduction)
the sum of \$ _____, beginning _____ and ending _____ until the total
(Amount) (Date) (Date)
amount of \$ _____ has been deducted.
(Amount)

I am authorizing this voluntary deduction. In the event my employment ends for any reason before the final deduction is made, the entire balance will be deducted from my final wages.

(Employee's Signature)

Date