VOLUNTARY PAYROLL DEDUCTION

To: Payroll Deparment

From: _____
Employee Name

I authorize my employer to deduct the following amount: _____

Beginning Pay Date: _____

Ending Pay Date: _____

Name of Recipient: _____
Name of Entity

_____   _____
Employee's Signature   Date

_____   _____
Employer's Signature   Date

Please return this form to:
Payroll Department
Sisters School District Office
(541) 549-8521 ext. 4013