

SCHOOL DISTRICT OF CLAY COUNTY
CHILD CARE PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the Clay County School Board to withhold from my pay each payday the amount indicated below to pay the cost of my child. I understand that deductions will begin on the first pay date of the month after enrollment and remaining tuition for the year will be divided into equal increments. I further understand that cancellations can only be made by submitting a Deduction/Reduction Cancellation Request Form and submitting it to the Payroll Department and that I must also notify the child care center. This form will have to be resubmitted each year.

Employee's Name: Last _____ First _____ MI _____

Social Security Number: _____ Date: _____

_____ My initials indicate that a copy of the "Statement on the Collection, Use or Release of Social Security Numbers" was provided to me.
(Refer to the SDCC website under Payroll to view or print)

Employee's Signature _____

Child's Name: Last _____ First _____ MI _____

Child's Name: Last _____ First _____ MI _____

Child's Name: Last _____ First _____ MI _____

Child Care Director's Signature _____

Please check the appropriate school(s) below:

School/Class/Subclass _____ Semi-Monthly Amount \$ _____

<i>Payroll Use Only</i>	
<i>Paycheck Date</i>	
<i>Date Keyed</i>	
<i>Keyed By</i>	