



# Authorization for Payroll Deduction

Date: \_\_\_\_\_

Substitute Teacher Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

*I authorize the Douglas County School District (DCSD) to initiate a one-time payroll deduction in the amount of \$5.00 for the purpose of securing a Certified Substitute Teacher badge. This badge will be for the current school year (2014-2015) only.*

\_\_\_\_\_  
Signature of Employee

*Badges will be delivered to the sub office in the DCSD Admin Building at 620 Wilcox St. Castle Rock, CO 80104. Employees will be notified when badge is ready to be picked up at the district office by the employee.*

**SUBMIT FORM WITH PHOTO TO:**

**suboffice@dcsdk12.org**

**Subject: Substitute Badge Order**

For HR/Sub Office use only:

\_\_\_\_\_ HD Ticket #

\_\_\_\_\_ Payroll Specialist

\_\_\_\_\_ Sub Specialist