

Salem Keizer Public Schools



CRIMINAL HISTORY CHECK/FINGERPRINTING FEE

PAY-F023 rev 3-2013

LAST NAME		FIRST NAME		M .I.	SOCIAL SECURITY #	
HOME ADDRESS						
CITY		STATE	ZIP	(Area Code) Telephone		
				()		

Payroll Deduction/Direct Payment Authorization

CHECK ONE:

ONE TIME PAYROLL DEDUCTION OF \$59.00

I authorize Salem Keizer School District to deduct the fee from my first payroll check

DIRECT PAYMENT AGREEMENT

I will pay Salem Keizer School District the fee by direct payment today.
(attach receipt as proof of payment)

TWO PAYROLL DEDUCTIONS OF \$29.50 EACH

I authorize Salem Keizer School District to deduct the fee in two equal payments from my first and second payroll check

DATE

SIGNATURE

For Payroll Department use Only

MUNIS ID #