



Garrett County Public Schools
Wendell Teets Foundation
P O Box 11
Oakland, MD 21550

PAYROLL DEDUCTION FORM

Name: _____ ID: _____

Location: _____

Payroll Deduction Amount: _____

Payroll Deduction Start Date: _____

One – Time Payroll Deduction Amount: _____

One – Time Payroll Deduction Date: _____

Payroll deductions will be processed for 26 pays per year. Cancellation of deductions must be in writing.

I authorize payroll to deduct the amount indicated above and submit to GCPS Foundation for the duration as indicated or until further notice is given.

Employee's Signature

Date