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 summit to GCPS Foundation for the duration as indicated or until further notice is given.

________________________________________  __________________________
Employee’s Signature                          Date