



# Payroll Deduction Agreement

## Employee Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Donation Amount: Please circle your choice below:

### Per Pay Period:

\$1.00

\$3.00

\$4.00

\$5.00

\$10.00

\$25.00

### Makes You:

“Budding Sprout”

“Sturdy Stem”

“Leafy Limb”

“Strong Branch”

“Treasured Trunk”

“Deep Root”

By signing below, I authorize Klein Independent School District to deduct \$\_\_\_\_\_ from each of my paychecks beginning on \_\_\_\_\_. This deduction will remain in force until I notify the payroll department in writing, of its termination. Written notice of termination must be received ten (10) days prior to the effective pay date.

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

New Deduction

Changed Deduction

Please send your signed, completed form via Interoffice mail to: **Payroll Department (CO)**