

Barre Unified Union School District Equalized Paycheck Payroll Deduction Emergency Withdrawal Application

Employee Name: _____

Date: _____

Address: _____

Phone: _____

District: _____

I authorize BUUSD Business Office to disburse \$_____ to me from my Employee Savings Plan. I understand that these funds will be disbursed to me provided I have submitted this form at least 5 days prior to the regularly scheduled payroll. These funds will be ready for pick up at the BUUSD Office on the Friday of payroll.?? ??

I request that my deductions be discontinued for the remainder of the school year.

Employee's Signature: _____

Date: _____

BUUSD Representative Signature: _____

Date: _____