

ROCKDALE ISD Tiger Learning Center



EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: _____ **SSN:** _____

Child's Name: _____

Child's Name: _____

Requested Start Date: _____ **End Date:** _____

Payroll Deductions:

Number of tuition days: _____ #of days _____

Minimum for RISD employees: work service calendar

Indicate number of children for each group below:

_____ Infant room (#of days x \$30/day) \$ _____

_____ Toddler/Preschool Rooms \$ _____
(#of days x \$25/day and
\$20/day for non-infant sibling)

Tuition Total \$ _____

I agree that my gross pay will be reduced by the amount of my deduction as indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

Employee Signature: _____ **Date:** _____

Deduction Effective Date: _____

Monthly Payroll Deduction \$ _____
(Annual tuition divided by _____ months for equal payments)

Payroll Signature: _____