



Pittsburg Community Schools

Unified School District 250

BUSINESS OPERATIONS/PAYROLL

PAYROLL DEDUCTION AUTHORIZATION

Employee Full Name	
Building/Location	

Amount Per Pay Period	
Number of Pay Periods	
Beginning Pay Period	
Ending Pay Period	
Total Amount	

Name of Organization/Agency Receiving Funds	
Contact Name	
Phone Number/Email	
Remittance Address	
City/State/Zip	

Employee Statement:

I hereby authorize the USD 250 Pittsburg to deduct and distribute funds from my paycheck as specific above. Authorization will terminate and withholding will cease upon expiration of the time during such withhold was authorized and/or when the total amount authorized has been withheld. I understand that the funds are withheld post-tax. If a contract was required to be honored for the organization then proof in writing is required from the organization to end the deduction.

Employee Signature _____ Date _____

Payroll Office Use

Date Received	
Date Entered	
By (Initials)	