



PITTSBURG COMMUNITY SCHOOLS USD 250

510 Deill, PO Drawer 75, Pittsburg, KS 66762 Phone: (620) 235-3100 Fax: (620) 235-3106

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.

Employee Signature _____ Date _____

Payroll Office Use

Date Received	
Date Entered	
By (Initials)	