SALARY REDEDUCTION AUTHORIZATION

I have read and understand policy DCAC, Salary Adjustments, and agree to its terms. I acknowledge that any wage overpayment constitutes an advance of future wages payable to me. If I receive any overpayment of wages for any reason, I give permission to the District to deduct such overpayments in installments of $**XXX** at a time from any subsequent paycheck(s) to which I become entitled until the overpaid amount has been fully repaid.

_____   _____

Employee Signature   **Date**

End of Maple Valley School District Exhibit DCAC-E

03/2020