



# Union Grove School District

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## Principals

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## Employee Payroll Deduction Authorization Form

I, \_\_\_\_\_, authorize Union Grove ISD to deduct the following amount of deduction from my gross earnings for each payroll period beginning \_\_\_\_\_ as detailed below:

Amount of Deduction: \_\_\_\_\_

Deduction Effective Date: \_\_\_\_\_

Reason for Deduction: \_\_\_\_\_

(List names of students if deduction is payment for cafeteria charges):

\_\_\_\_\_  
\_\_\_\_\_

I agree that my gross pay will be reduced by the amount of my deduction as indicated above. I understand that I will execute a new Employee Payroll Deduction Authorization Form in order to change the amount of my deduction, or to discontinue the deduction.

This form shall continue in force unless or until a new Employee Payroll Deduction Authorization Form is executed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date