



ROCKDALE ISD
Tiger Learning Center
EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM
2025/26

Employee Name: _____ **SSN:** _____

Child's name: _____

Child's name: _____

Requested Start date: _____ **Last 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 \$28/day and
 \$25/day for non-infant sibling)

August - June deduction \$ _____

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: _____