Payroll Deduction Authorization
(Fingerprint-Based Criminal Record Check)

Print Name: _____

Soc Sec#: _____

Position: _____

I hereby authorize the Payroll Department to deduct **$78.00** from my pay for a fingerprint-based criminal record check in the following manner:

The entire amount will be deducted from your first Payroll check.

Signature: _____

Date: _____

Return completed information to: Tigard Tualatin School District 23J – Human Resources
6960 SW Sandburg St, Tigard, OR 97223