The Schenectady City School District

Food Back Program

PAYROLL DEDUCTION AUTHORIZATION

I, ________________________, authorize deduction from my gross earnings for the Schenectady City School District Food Backpack Program IN THE AMOUNT OF (Please specify)

[ ] $5.00 per pay period  [ ] $10.00 per pay period  [ ] $20.00 per pay period  [ ] other $_____

This amount is to be deducted each payroll period beginning ____/____/____.

Print Name ______________________
Signature ______________________
Date ______________  School ______________________

Please send the completed Payroll Deduction form to the Payroll Office @ Mont Pleasant. You may also scan the completed form to Payroll. Your contributions are tax-deductible.

For Office Use Only:
Received By: ______________________
☐ Payroll Office at Central Office
Processed By: __________ Initials __________ Date __________