

☐ Certificated

☐ Classified

## ARREARS PAY AUTHORIZATION

DISTRICT/CHARTER ter

Name \_\_\_\_\_ PSL (Personnel)# \_\_\_\_\_

☐ I hereby authorize the Payroll Office to deduct the appropriate amount each payroll period to be deposited in the arrears account.

For direct depositors, the pay will be deposited at the end of the applicable month. For those without direct deposit, the check will be mailed at the end of the applicable month.

I authorize this payroll deduction to continue until I have notified the Payroll Office in writing to stop the deduction.

Or

☐ I want to cancel my arrears pay authorization. \_\_\_\_\_  
(Cancellation Date)

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

\_\_\_\_\_  
Date

Original – Payroll

Copy – Employee