

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 arrear 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 arrear pay authorization. _____
(Cancellation Date)

Employee Signature

Date

Original – Payroll

Copy – Employee