

# ROCKDALE ISD Tiger Learning Center



## ***EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM***

**Employee Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Deduction Effective Date:** August 1, 2018

### Payroll Deductions:

Tuition Total \_\_\_\_\_ \$ \_\_\_\_\_  
(#of days x \$25/day and \$20/day for sibling)

Balance due to be payroll deducted \_\_\_\_\_ \$ \_\_\_\_\_  
(Annual tuition divided by 11 months  
for equal payments)

Starting Month August 2018

Tuition days should match work service calendar.

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.

A new form is required to be completed each year.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_