



Employee ID # _____

Payroll Deduction Authorization Form

This authorization for payroll deduction will remain in effect each month and can be revoked at any time by contacting the Payroll Department.

Everett Public Schools Foundation

Our Mission: We build community support and invest resources to inspire innovation, excellence and achievement for all learners in the Everett Public Schools.

The Everett Public Schools Foundation is pleased to offer the opportunity for staff of the Everett Public Schools to participate in a payroll deduction program to donate a set dollar amount monthly to the Foundation. Funds received will go to support staff and students in the district through programs run by the Foundation. These vital programs include classroom grants, kindergarten readiness program, summer school/online High School tuition assistance, first year teacher grants and High School and Beyond events.

Print Name: _____
(Last Name) (First Name) (Middle Initial)

Employee Signature _____ Date _____

Effective date to start deduction _____
(Month) / (Year)

I authorize the Everett Public Schools to withhold the following monthly deduction for the Everett Public Schools Foundation:

\$1 \$2 \$5 \$10 \$15 \$20 per month

\$45 per month - Emma Yule Society Member

Other \$ _____ per month

**Please return completed form to:
Payroll Office, Everett Public Schools**