

Maine School Administrative District #49

8 School Street
Fairfield, ME 04937
207-453-4200

LAWRENCE BACK PACK PROGRAM 2018-2019 PAYROLL DEDUCTION EMPLOYEE AGREEMENT

EMPLOYEE NAME: _____

LAST 4 DIGITS OF SOCIAL SECURITY #: _____

I hereby authorize MSAD #49 to initiate, terminate, or change the stated payroll deduction as indicated on this form.

DEDUCTION DETAILS:

- Start** a new payroll deduction:
Dollar amount to be deducted each payroll period (biweekly)
\$_____ beginning on the next payroll and ending June 26,
2019*.
- Terminate** the current deduction on _____
- Change** the current deduction from \$_____ to \$_____ per
payroll beginning _____ and ending on June 26, 2019*.

Employee Signature

Date

Return completed form to the Business Office or
submit form to lparker@msad49.org

*A new agreement will have to be completed annually

BUSINESS OFFICE USE ONLY

DATE RECEIVED: _____

DATE ENTERED: _____

TOTAL DEDUCTION: _____