Sabine Pass ISD

AUTHORIZATION
FOR VOLUNTARY PAYROLL DEDUCTION
Allowed under RSA 275:48 I

I, _____hereby authorize
(Print employee's name)

Sabine Pass ISD _____to deduct from my wages
(Employer)

for:_____
(reason for the deduction)

the sum of $_____, beginning _____ and ending _____
(Amount)   (Date)   (Date)

until the total amount of $_____ has been deducted.
(Amount)

I am authorizing this voluntary deduction as specified in RSA 275:48 I.

In the event my employment ends for any reason before the final deduction is made, the

entire balance may __N/A__(X) or may not __N/A__(X) be deducted from my final wages.

_____   _____
(Employee's Signature)   (Date signed)