

MOHAWK LOCAL SCHOOL DISTRICT

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: _____ SSN: _____

Deduction Effective Date: _____

Payroll Deductions:		Per Pay	Per Month
403(B)	% or \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
457	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Preschool	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.

Employee Signature: _____

Date: _____