



Garrett County Public Schools  
Wendell Teets Foundation  
P O Box 11  
Oakland, MD 21550

## PAYROLL DEDUCTION FORM

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Location: \_\_\_\_\_

Payroll Deduction Amount: \_\_\_\_\_

Payroll Deduction Start Date: \_\_\_\_\_

One – Time Payroll Deduction Amount: \_\_\_\_\_

One – Time Payroll Deduction Date: \_\_\_\_\_

Payroll deductions will be processed for 26 pays per year. Cancellation of deductions must be in writing.

I authorize payroll to deduct the amount indicated above and submit to GCPS Foundation for the duration as indicated or until further notice is given.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date