

Hermleigh Independent School District
Payroll Deduction Agreement

Employee Name: _____

TYPE OF DEDUCTION:

To whom the deduction is to: _____

Frequency of deduction: Monthly Annually One Time Only

Amount to be deducted: _____

Begin Date: _____

End Date: _____

Status of deduction: New Change

Employee signature

Date

For Business Use Only:

Budget code: _____

Processed: _____

Business office personnel signature

date