



Employee ID # \_\_\_\_\_

## ***Payroll Deduction Authorization Form***

This authorization for payroll deduction will remain in effect each month and can be revoked at any time by contacting the Payroll Department.

### **Everett Public Schools Foundation**

*Our Mission: We build community support and invest resources to inspire innovation, excellence and achievement for all learners in the Everett Public Schools.*

The Everett Public Schools Foundation is pleased to offer the opportunity for staff of the Everett Public Schools to participate in a payroll deduction program to donate a set dollar amount monthly to the Foundation. Your donations will support staff and students in the district for vital programs such as Classroom Grants, Early Learning, Stuff the Bus for Kids, First Year Teacher Grants and so much more!

Print Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Effective date to start deduction \_\_\_\_\_  
(Month) / (Year)

**You can set up payroll deductions for one or both options below.**

**I authorize the Everett Public Schools to withhold the following monthly deduction for the  
Everett Public Schools Foundation.**

☐ \$1   ☐ \$2   ☐ \$5   ☐ \$10   ☐ \$15   ☐ \$20   per month

☐ Other Amount \$ \_\_\_\_\_ per month.

**I authorize the Everett Public Schools to withhold the following monthly deduction for the  
Robert C. Polk Memorial Athletic Scholarship.  
(managed by the EPS Foundation)**

☐ \$1   ☐ \$2   ☐ \$5   ☐ \$10   ☐ \$15   ☐ \$20   per month

☐ Other Amount \$ \_\_\_\_\_ per month.

**Please return completed form to:  
Payroll Office, Everett Public Schools**