



*Citizens Supporting the Levy
For Everett Public Schools*

Payroll Deduction Authorization Form

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

Print ID and Name: _____ / _____
(Emp ID Number) (Last Name) (First Name) (Middle Initial)

Address: _____
(Street Address) (City) (State) (Zip)

Employee Signature _____ Date _____

Effective date to start deduction _____
(Month) / (Year)

I authorize the Everett Public Schools to withhold the following monthly deduction for the Citizens Supporting the Levy for Everett Public Schools:

☐ \$1 ☐ \$2 ☐ \$5 ☐ \$10 ☐ \$15 ☐ \$20 ☐ \$50 per month

☐ Other \$_____ per month

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

"No employer or labor organization may discriminate against an officer or employee in the terms or conditions of employment for (a) the failure to contribute to, (b) the failure in any way to support or oppose, or for (c) in any way supporting or opposing a candidate, ballot proposition, political party, or political committee;"