

290 First Street P.O. Box 100

Gervais, Oregon 97026-0100

Phone: (503) 792-3803 FAX: (503) 792-3809 www.gervais.k12.or.us

Within our growing, diverse community, we sow the seeds of opportunities to raise prepared, resilient students.

Employee/Parent's Name:_____

Automatic Payroll Deduction Form - 09/01/2023

Child's Name:	
RE: Preschool Payment Plan	
As a Gervais School District employee, it is required School District's preschool monthly payments with This authorization form needs to be signed, dated a office by the 8th of September. Please sign this formamount to be deducted and begin date.	an automatic payroll deduction. and returned to the business
I authorize the Gervais School District to make an A from my monthly paycheck, in payment of my mon the Gervais School District's Preschool Program.	•
Please begin this automatic deduction with the Sep	tember 2023 payroll.
September 2023-June 2024 Monthly Deduction Am	ount: \$733.60
Amount reflects the monthly payment due after the \$ deposit is required to reserve your spot	
Employee's/Parent's Signature:	
Date:	
(Business Office Only) Mid-Year Changes:	
Effective: (mo./yr.) to (mo./yr.) Date Receiv	ved by Payroll:
Revised Monthly Amount: \$/month	
Revised total amount due forschool year: \$	
I agree to the above noted changes to my monthly automatic payroll deduction for childcare at GSS: \overline{I}	Employee initials GSD Childcare Program Coordinator Initials
This institution is an equal opportunity provider. Esta instituci	