

# *Pahin Sinte Owayawa*

## *Porcupine School*

*101 School Drive • P.O. Box 180 • Porcupine, SD 57772*

*Phone: (605) 867-5588 • Fax: (605) 867-1927*

### PAYROLL DEDUCTION FORM

I, \_\_\_\_\_ Hereby Authorize Pahin Sinte Owayawa Payroll Department to begin Payroll Deduction in the amount of \$ \_\_\_\_\_ every pay period for the next \_\_\_\_\_ consecutive payroll periods, from the total amount which is \$ \_\_\_\_\_.

This deduction is to be paid directly to: \_\_\_\_\_  
(Please fill out completely) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ 1<sup>st</sup> Payment Due: \_\_\_\_\_

In the event my employment ceases with Porcupine School for any reason, I agree that any and all money owed to me shall be applied to any outstanding balance owed to the School.

It is further understood and agreed that this agreement shall not be altered in any respects without written consent from both parties.

Repayment of this personal loan/deduction shall not be legally binding upon the Porcupine School.

School policy: The total paycheck deductions (including required federal or other taxes, employee share of fringe benefits, rent deductions, garnishments due) shall not be greater than fifty percent.

Porcupine School and the Persons Below:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Technician: \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_