



# Oak Ridge Schools

## Employee Authorization

### ORPSEF Payroll Deduction

Section 1: Employee Information	
Name _____ <i>(Last, First, Middle Initial)</i>	SSN _____
Department _____	Phone Number _____
Section 2: Deduction Selection	
<input type="checkbox"/> Option 1 Recurring deduction of \$ _____ per payroll <input type="checkbox"/> Option 2 One-time deduction of \$ _____	
Employee's Agreement : Signature Required	
<p>By signing this form, I am requesting that payroll deduction(s) be implimented for my voluntary contribution to The Oak Ridge Public Schools Education Foundation. I understand that I will have funds deducted from my payroll in the amount requested in Section 2. The deduction(s) should start on _____, 20____. If option 1 (recurring deduction) is selected, I understand that the deductions will continue until my employment with Oak Ridge Schools is terminated or until I submit a "ORPSEF Recurring Deduction Cancelation" form to the ORS Business Office. (Form found on ortn.edu website.)</p>	
Employee's Signature	Date
Payroll Office Use	
Total Employee Deduction per pay period	Notes
\$ _____	