



**Averill Park Central School District
Food Back Pack Program**



PAYROLL DEDUCTION AUTHORIZATION

I, _____, authorize deduction from my gross earnings for the Averill Park Central School District Food Backpack Program IN THE AMOUNT OF **(Please specify)**

<input type="checkbox"/> \$1.50 per pay period	<input type="checkbox"/> \$3.00 per pay period	<input type="checkbox"/> \$5.00 per pay period
<input type="checkbox"/> other amount \$_____		

(Donations will be deducted from September – June for 10 month employees)

This amount is to be deducted each payroll period beginning ____/____/____

Print Name _____ Signature _____

Date _____ Building _____

Please send the completed Payroll Deduction form to Trisha Jansen in the Human Resources Office. You may also email the completed form to Trisha Jansen at jansent@apcsd.org.

Your contributions will go to our partner, the Regional Food Bank of Northeastern New York, a 501(c)(3) nonprofit organization, and are tax-deductible.

For Office Use Only:
Date Received: _____
Date Processed: _____