

COLLIER COUNTY PUBLIC SCHOOLS PAYROLL DEDUCTION PLEDGE

CHAMPIONS FOR LEARNING

EMPLOYEE NAME:

EMPLOYEE ID #:

PLEDGE AMOUNT PER PAYCHECK PER YEAR*

MINIMUM PLEDGE is \$2.00/paycheck
(For example: \$2.00/pay x 20 pay checks = \$40.00 total annual pledge)

\$ _____ per pay x 20 pay periods = \$ _____ total pledge

PLEDGE START DATE (MM/DD/YYYY)

I would like the deduction to begin on _____

I hereby authorize the District School Board of Collier County, according to arrangements agreed upon with the Education Foundation of Collier County-Champions for Learning, to deduct from my salary and transmit to said Organization such amount specified above. I hereby waive all rights and claims to said monies so deducted, except as noted below, in accordance with this authorization and relieve the School Board and all its offices from any liability. *This authorization shall remain full force and effect for all purposes while I am employed by this school district or until revoked by me upon thirty (30) days advance written notice to the Payroll Department at Payroll@collierschools.com.

EMPLOYEE SIGNATURE (electronic not accepted)

DATE

**Please print, sign and submit to the Payroll
Department at
Payroll@collierschools.com or fax to (239) 377-0073.**

Thank you for your contribution!