

SPEARFISH SCHOOL DISTRICT 40-2

OFFICE OF BUSINESS MANAGER
PHONE 605-717-1201 - FAX 605-717-1200

525 EAST ILLINOIS STREET
SPEARFISH, SD 57783-2521

Spearfish Foundation for Public Education Deduction Form

I, (print name) _____, hereby
authorize the Business Office of the Spearfish School District to deduct from
my regular pay each month the following amount for the Spearfish Foundation for
Public Education

Please deduct the following amount per month: _____.

The effective date of the first deduction is _____.

It is understood that the School District's only obligation is to comply with the employee's direction to deduct certain amounts from employee's wages, and to direct those deductions per employee's instructions. In consideration of this agreement, the sufficiency of which is acknowledged by the employee, it is agreed by the employee that no claim shall be made against the district by the employee or anyone acting on behalf of the employee as a result of these transactions.

Employee Signature

Date

Business Manager or Payroll Signature

Date
