



Spooner Area School District

801 County Highway A · Spooner, WI 54801 · 715-635-2171 · www.spooner.k12.wi.us

AUTHORIZATION OF PAYROLL DEDUCTION RETURN FORM TO DISTRICT OFFICE FOR PROCESSING

I, _____ hereby authorize Spooner Area School District to deduct from my wages for the following reason:

- Food service payment (self)
- Food service payment (child)
- Activity account payment (child)

This one time deduction will apply to the next payroll cycle in the amount of \$_____. I agree that my gross pay will be reduced by the amount of my deduction as indicated above.

(Employee's Signature)

(Date)