



# SHONTO PREPARATORY SCHOOLS

Transforming Student Learning • Óhoo'aah Łahgo Ánáálníí!

PO Box 7900 • East Hwy 160 & Rt. 98 • Shonto AZ 86054-7900 • (928) 672-3500 • [www.shontoprep.org](http://www.shontoprep.org)

## Employee Authorization for Payroll Deduction Business Office – Payroll

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT NAME)

Please place a check (x) next to the authorization options below:

Cafeteria \_\_\_\_\_ Wells Fargo Cardholder \_\_\_\_\_ **Employee Contract Promissory Note**  
Other \_\_\_\_\_ (explain below) **Reference \_\_\_\_\_ (Item #13 or #20)**

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you choose to designate this form for a specific timeframe, then please provide the dates below, otherwise, this form will be in place until an updated form is completed:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize Shonto Preparatory Schools (SPS) Business Office to deduct charges I incur while in capacity of my employment with SPS. The charges are in relation to the items that I have marked above. I understand the deductions will be made beginning with the most current pay period end date after the incurred charges and in subsequent pay period end dates until my incurred charges are paid in full. I also understand that a lump sum deduction will be made on my final check when my employment is terminated or upon school year contract end or other (ref. Personnel Policies & Procedure Manual, Section III. Pay Policies, Final Pay Section III-4 & Section V. Termination). In the event that I have a dispute about a payroll deduction, I will provide backup documentation to validate my dispute and submit to the Business Office Business Manager via mail, email or walk-in. In the event that my dispute is accepted, proper financial procedures will be followed for reimbursement. However, if my dispute is not accepted, then a reimbursement will not be issued and the deduction will remain. I understand that by signing this Authorization for Payroll Deduction, I am giving my permission to the Business Office Payroll personnel to make deductions from my payroll for my incurred charges.

\_\_\_\_\_/\_\_\_\_\_  
Employee Signature Date Business Office Payroll Date

Business Office use only: Rec'd Date: \_\_\_\_\_ Other: \_\_\_\_\_