The College of St. Scholastica

Faculty/Staff Payroll Deduction Authorization Form

Employee ID _____

I, _____ give The College of St. Scholastica authorization to
(print Name)
withhold from my payroll, $ _____ for Parking fine(s).

Please list the Parking Citation number(s)

_____

_____

_____

_____

_____ _____
(Signature) (Date)

Please return the completed form to the Payroll Office room Tower 2605