

**CHILDREN'S HEALTHCARE OF ATLANTA
AUTHORIZATION FOR PAYROLL DEDUCTION
THE CLIFTON SCHOOL**

Employee Name: _____ Receiving Subsidy? _____

Employee ID _____

Department: _____

Receipt for Flexible Spending Reimbursement? Yes___ No___

I authorize tuition payments to be deducted from my pay. I understand that all future board-approved tuition changes will be automatically reflected on my payroll statement at the appropriate time.

Payroll deductions will be prorated for enrollments beginning in any week other than the first week of a pay period.

Subsidy recipients must renew their application for subsidy by the April federal tax deadline of each year and when a change in income level occurs. Failure to do so will result in the deduction of the full amount of tuition.

Authorizations must be signed by both the employee and a representative of The Clifton School.

Employee Signature

Date

Clifton Child Care Representative

Date

FOR PAYROLL USE ONLY:

Date Received:

Date Entered:

By:

NOTES: