

EMORY UNIVERSITY
AUTHORIZATION FOR PAYROLL DEDUCTION
THE CLIFTON SCHOOL

Employee Name: _____ Receiving Subsidy? _____

Employee ID: _____ Receipt for Flexible Spending? Yes ___ No ___

EUH ___ University ___ CL ___ Wesley Woods ___ Emory Children's Center _____

Emory Healthcare _____ Emory Clinic _____

Department _____

Pay Status: Biweekly _____ Monthly _____

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 for both biweekly and monthly paid employees.

Subsidy recipients must renew their application for subsidy April 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

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FOR PAYROLL USE ONLY:

Date Received: _____ Date Entered: _____ By: _____

NOTES: