| TO: | Payroll Office | Montague Charter Academy | |
|---|---|--|-----------------------------|
| SUBJECT: | Request for Payroll Deduction | on | - |
| You are requested and hereby authorized to deduct \$ | | per month from my salary for dues or premium | |
| to the Associati | on of Educational Office Employees, or any | other amount later required b | y that organization. Please |
| deduct beginning wi | th the next payroll possible, or beginning | (specify | if later date is desired). |
| | | Month of Earnings | |
| | X | (Signature) | (Date) |
| | | | , |
| Payroll changes MUST BE RECEIVED BY | | SSN | |
| THE TENTH OF THE MONTH; other- | | | |
| wise, effective date is delayed one month. | | PRINT NAME | |
| TO: SUBJECT: | Payroll Office Request for Payroll Deduction | Montague Charter | Academy |
| You are requested a | nd hereby authorized to deduct \$ | per month from my | salary for dues or premium |
| to the Association | on of Educational Office Employees, or any | other amount later required b | y that organization. Please |
| | th the next payroll possible, or beginning | _ | _ |
| 8 8 | , | Month of Earnings | , |
| | X | - | |
| | | (Signature) | (Date) |
| | | SSN | |
| • | ST BE RECEIVED BY | | |
| THE TENTH OF THE MONTH; otherwise, effective date is delayed one month. | | PRINT NAME | |
| | | | |
| TO: | Payroll Office | Montague Charter | Academy |
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| | | Month of Earnings | |
| | X | | |
| | | (Signature) | (Date) |
| | | SSN | |
| • | ST BE RECEIVED BY HE MONTH: other- | | |
| THE TENTH OF THE MONTH; otherwise, effective date is delayed one month. | | PRINT NAME | |