

PAYROLL AUTHORIZATION FORM

**PENN CAMBRIA FOOD SERVICE
STAFF DEBT ACCOUNT**

I, (print full name) _____, authorize Penn Cambria School District to deduct the amount per pay indicated below from my bi-weekly payroll check. Said authority shall remain in effect until cancelled by me in writing.

This amount deducted by my authorization shall be forwarded to the Penn Cambria Food Service department and will be credited to my employee Food Service Debt Account within three working (3) days following each pay day. This deduction will not occur on the 3rd payday of any given month.

Staff Negative Accounts

- Staff may have up to a negative \$10.00 (-10.00) account balance at any time. **Cashiers are directed to deny service for any staff member when their account reaches negative \$10.00 (-10.00).**
- Summary account statements will be emailed monthly to all staff members with negative account balances.

Positive balances remaining at the end of a school year will carry forward to the next school year. Any positive balance remaining in the account at termination of employment will be refunded to the employee.

Changes in the dollar amount of this payroll deduction may be made only two (2) times per year.

\$ _____
Amount per pay

\$ _____
School Year Limit

Effective Date

Employee Signature

Date Signed

***** Payroll Office Use Only *****

Received

Date Received

By (Initials)

Entered into Payroll Record

Date Entered

By (Initials)