

LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION
1009 Boyce Memorial Drive, Ottawa, Illinois 61350
PHONE/TDD: 815-433-6433 / FAX: 815-433-6164 / EMAIL: lease@lease-sped.org

TO: All staff wishing to have an amount deducted from their paycheck for a designated purpose
FROM: Mary Jane Chapman, Executive Director
DATE:
RE: Form needed to have in staff personnel file for any requested deduction

You have indicated that you would like to have a specified amount deducted from your salary for a specific purpose. We would like to be able to offer you this service. Therefore, please complete this form to be placed in your personnel file as record of your request. This form must be on file prior to any deductions being made from your salary.

PLEASE COMPLETE THE FOLLOWING STATEMENT AND SIGN AND DATE BELOW:

I authorize the L.E.A.S.E. Bookkeeper to deduct \$_____ or _____% of my salary on an annual basis equally divided over ten or twelve months** (See the immediately following paragraph.) beginning on the date of _____ and continuing for each month thereafter through the following date of _____. (You may indicate "indefinitely" here.)

**Please note that for full time employees who opt to be paid over a 10-month period, the total amount to be deducted, that you have indicated above, will be deducted in essentially equivalent amounts from each of your 10 monthly pays. Twelve-month personnel will have 12 essentially equivalent deductions from each monthly pay.

The purpose of this deduction is:

My signature below authorizes the above-indicated deduction to be made from my L.E.A.S.E. salary for the indicated time period under all of the applicable stipulations in the foregoing statements above.

I understand that the electronic submission of this form by e-mail is the equivalent to my signature.

Signed: _____ Date: _____

cc: employee's personnel file

Revised: 08/2008