



Payroll Deduction Authorization Form

I understand that by signing below I am authorizing Lee College to make deduction(s) as indicated below from my earnings each payroll period.

PLEASE SELECT ONE

One Time Payroll Deduction Amount: _____

Deduction Begin Date: _____ Deduction End Date: _____

(Leave blank for continuous deductions)
Employee must notify payroll in writing to
discontinue deduction(s).

DEDUCTIONS

Amount per pay period (For Continuous Deductions)	Description	Payroll Code
\$ _____	Lee College Administrators Assembly	ADMIN
\$ _____	Lee College Friends of the Library	LC-FOL
\$ _____	Lee College Foundation	LC-FND
\$ _____	Lee College Foundation Gala	LCGALA
\$ _____	Lee College Staff Assembly	SCH-LC
\$ _____	Student Success Scholarship Fund	SSSFND
\$ _____	Britt-Hodgin Scholarship Fund	HINDS
\$ _____	Lee College Alliance	LC-FL
\$ _____	Lee College Student Emergency Fund (COVID 19)	LCSEF

Employee Name (Print please)

Employee ID #

Employee Signature

Date