

## Payroll Deduction Form

Please complete the form and send it to the Certification/ Highly Qualified Standards Office. FHESC. Suite A-152

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Employee ID# \_\_\_\_\_

School/ Department \_\_\_\_\_

I give the Palm Beach County School District permission to deduct \$ \_\_\_\_\_ from my next paycheck for the purpose of: (Please circle the reason)

Renewing a Certificate- \$ 75.00 Adding a Subject to a Certificate- \$ 75.00

Name Change on a Certificate- \$ 20.00 Duplicate Certificate- \$ 20.00

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_