



THE SCHOOL DISTRICT OF  
UNIVERSITY CITY

Transform the Life of Every Student Every Day!

## PAYROLL DEDUCTION AUTHORIZATION

I authorize Payroll to deduct \$39 from my paycheck for the next 4 paychecks to cover the \$156 cost to attend 12 weeks of At Work meetings.

I understand that if my employment is terminated with The School District of Human Resources prior to finalizing the \$156 payment, the remaining amount would be deducted from my final paycheck. I also understand that by signing this form I am obligated to continue \$39 x 4 payments even if I do not attend all of the weekly meetings.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Building

\_\_\_\_\_  
Work Phone Extension

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please select the Weight Watchers offering you would like to participate in:**

\_\_\_\_\_ At Work meetings