

CITIZENS ACTIVELY PROMOTING SCHOOLS

CAPS

Payroll Deduction Form

For Donation to the Supplemental Levy Campaign

Thank you for your donation! Please mark one of the following options and Sign/Date below.

_____ I request a deduction of \$ _____ ***PER PAY PERIOD*** be made as a donation to CAPS. This amount will be deducted from every paycheck I receive until such time that I change the amount or cancel the deduction by completing a new payroll deduction form and deliver it to Human Resources/Payroll.

_____ I request a ***ONE TIME ONLY*** deduction of \$ _____ from my next paycheck be made to CAPS. Pay date to be applied: _____.

_____ I would like to **CANCEL** my current payroll deduction that has been applied as a donation to CAPS.

Please print name AND mailing address

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Phone number

Email (optional)

SIGNATURE

Date

Note: Changes to this election require a new signed payroll deduction form.

Received by HR/Payroll: _____

Date

Initial