



Montgomery County
Public Schools

PAYROLL DEDUCTION AUTHORIZATION FORM

I, _____, authorize Montgomery County Public
(First Name, MI, Last Name)

Schools' Payroll Department to deduct from my first paycheck a sum of **\$37** to cover costs associated with obtaining the following required record check information.

Criminal History Record Check (Fingerprints - \$27)

Child Protective Services Background Check (\$10)

I understand that Montgomery County Public Schools will pay these fees in order to process the required information and I will be required to reimburse them for charges through Payroll Deduction as listed above.

Signature

Last four digits of SSN

Date

REV: 12/2018