



Physical Address: 386 E. Black Street
Mailing Address: P.O. Drawer 10072
Rock Hill, SC 29731

T: (803) 981-1000
F: (803) 981-1094
www.rock-hill.k12.sc.us

PAYROLL DEDUCTION

I, _____, hereby authorize Rock Hill School District to withhold from my wages the total amount of \$25.00 which shall be withheld at a rate of \$25.00 per pay period for one pay period for the purpose of obtaining a new ID Badge.

I further agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth above, the company may withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state minimum wage law. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

Last 4 of SSN: _____

Printed Legal Name: _____

Signature: _____

FOR OFFICE USE ONLY:

The above employee obtained a new ID Badge on this date: _____

Signature of Office Staff: _____