

Paine College 12th Annual Scholarship

Masked Ball PAYROLL DEDUCTION FORM

ID # _____

NAME: _____
Please Print

DATE: _____

I authorize payroll deduction for the cost of _____ tickets for the MASKED BALL.
(# of tickets)

I understand the payroll deduction will be effective on the next payday and it will be split over two (2) payroll periods if form is submitted by **January 20, 2012**.

If not, I authorize the **full** payroll deduction in the February 2012 payroll.

Employee Ticket Cost - \$75.00/each

Total Payroll Deduction: \$ _____

SIGNATURE: _____

This form must be approved by the Office of Human Resources prior to ticket purchase.

HR Office Use Only

_____**Approved**

HR Approver: _____

_____**Entered in System**

Date _____

Initials _____