



Authorization for Voluntary Payroll Deduction

I, the PUSD employee named below, hereby authorize the **Pasadena Unified School District** to deduct the amount stated below from my monthly wages as a voluntary contribution to support the Teacher Grants Program at the Pasadena Educational Foundation. This program supports colleagues across the district to enhance our classroom experience in unique and innovative ways. I understand that by signing below, the below stated amount will be deducted from my paycheck each month. To stop the deduction, I will need to provide written notice to the PUSD Benefits Office.

Employee Name: _____

Monthly Payroll Contribution: \$ _____

School Site: _____

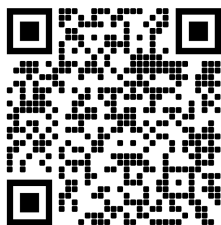
(If you don't work at a school, say your work location, e.g., Ed Center)

PUSD Email OR Employee EID: _____

Employee Signature: _____ **Date:** _____

Please return completed form to PEF's main office (Ed Center, Room 153).

Scan here to complete this form online:



or visit forms.gle/1hfrxptKjhuivP189



For questions about PEF's Teacher Grants Program, please reach out to Stuart Litjen at slitjen@pased.org
For questions about payroll deductions, please reach out to Teresa Wang at twang@pased.org

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