



**PELLISSIPPI STATE
COMMUNITY COLLEGE**

PAYROLL DEDUCTION AUTHORIZATION

I, _____, _____
(Employee Name) (Employee ID Number)

authorize Pellissippi State to deduct _____
(Amount to be deducted)

from my next paycheck for the following:

Parking Violation

Library Charges

Overpayment of Wages

Returned Checks

Other _____
(Other - Description)

(Employee's Signature) (Date)