



NSSD DEDUCTION AUTHORIZATION

Fingerprint Verification (Deduction Code 8020)

Complete the information below and turn in to Human Resources at the District Office.

Employee Name (print): _____

School / Department: _____

Position hired for: _____

I, employee named above, have been hired for a position with the North Santiam School District. I hereby authorize (pick one):

- \$66.00 to be deducted from my next payroll check
- \$33.00 to be deducted from my next 2 payroll checks

for the fingerprint-based criminal history verification completed on ____/____/____.
(date of FieldPrint appointment)

Signature

Date