

PAYROLL DEDUCTION REQUEST

CLASS: _____
(Print Name of Course or Courses)

I authorize a payroll deduction in the amount of \$_____, the cost of tuition and fees for the above-named course(s) offered at Central Maine Medical Center College of Nursing and Health Professions.

I understand that the above total will be deducted from six (6) consecutive payroll checks starting with the pay period ending September 11, 2010. The six (6) payroll deductions will be taken from the following pay periods:

1. Pay period ending September 11, 2010
2. Pay period ending September 25, 2010
3. Pay period ending October 9, 2010
4. Pay period ending October 23, 2010
5. Pay period ending November 6, 2010
6. Pay period ending November 20, 2010

You must be a full-time or regular part-time employee to use payroll deduction.

NAME: _____
(please print)

EMPLOYEE #: _____

DEPARTMENT: _____

If I should terminate employment prior to completion of this course, the balance due of the above amount will be deducted from my final paycheck.

If I have applied and been approved for Tuition Reimbursement, my signature below will authorize the Payroll Department to release payroll deduction transactions for this class which will act as a receipt to demonstrate payment of the class.

SIGNATURE: _____ DATE: _____

Submit this form to the Registrar, CMMC College of Nursing.