



Professional Development  
**PDCP Program Fee Payroll Deduction**

Employee Name: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_

School/Department: \_\_\_\_\_

Deduction Amount: \_\_\_\_\_ \$125 X 4 Paychecks = \$500/Semester \_\_\_\_\_

I hereby authorize Alachua County Public Schools to deduct \$125/check for four (4) consecutive checks from my pay for the PDCP fee starting with the next check contingent on the form being received by the payroll cutoff date.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

**\* Please return this form to . . .**

Amy Shockley, Supervisor, Professional Development  
Alachua County Public Schools  
620 East University Avenue Gainesville, FL 32601

<p>For Professional Development Use Only</p> <p>Date submitted to Payroll Department: _____</p>
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