



Extended Day Enrichment Program
Payroll Deduction Authorization

CDH Number _____

Employee Name: _____ Employee ID: _____

School/Department: _____

20 Checks 24 Checks

(If you are a 10-month employee on deferred pay, you must mark 24 checks.)

Please Check One

Deduction Amount Per Pay Check: _____

New

Pay Day to Start _____

Change

Pay Day to Stop _____

Cancel

***I understand this deduction will continue until I submit
a written CANCELLATION REQUEST to the EDEP Office.***

Signature: _____

Date: _____

EDEP Agent's Name: _____

Phone: 352-955-7766

EDEP Information

<i>Child's Name</i>	<i>School</i>	<i>Date</i>
<i>Child's Name</i>	<i>School</i>	<i>Date</i>
<i>Child's Name</i>	<i>School</i>	<i>Date</i>

Family's Current Lunch Status (*please check one*): Full Pay Scholarship Rate 2 Scholarship Rate 3

EDEP Office Use Only

Lunch status verified by: _____ Date: _____

On-site coordinator notified by: _____ Date: _____