



Division of Human Resources  
**Certificate Application Fee Payroll Deduction  
Renewal/Addition**

Employee Name: \_\_\_\_\_  
Employee ID No.: \_\_\_\_\_  
School/Department: \_\_\_\_\_  
Deduction Amount:     \$75 (CDH 2406)    

I hereby authorize Alachua County Public Schools to deduct \$75 from my pay for the application fee to renew or add a subject to my Florida Educator's Certificate.

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

**➔ Please return this form to: Michael Jacobi, Certification Analyst ➔**  
**Alachua County Public Schools**  
**Division of Human Resources**  
**620 East University Avenue**  
**Gainesville, FL 32601**

<p>For Human Resources Use Only</p> <p>Date submitted to Payroll Department: _____</p>
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