



Payroll Department
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 . . .**

Jennifer Petit-Frere, Supervisor, Professional Development
Alachua County Public Schools
620 East University Avenue
Gainesville, FL 32601
or email to: petitfrerejp@gm.sbac.edu

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