

**Little Goves Child Learning Center  
Austin Peay State University  
Payroll Deduction Authorization Form**

**Employee Information**

- **Full Name:** \_\_\_\_\_
- **Employee ID:** \_\_\_\_\_
- **Department:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

**Deduction Information**

Please indicate the purpose and amount of the deduction below:

- **Deduction Purpose:**  
☐ Little Goves Tuition & Fees
- **Payroll Period** *(If transfer from B-Weekly to Monthly payroll, notify Little Goves CLC)*  
☐ Bi-Weekly Payroll  
☐ Monthly Payroll
- **Monthly Amount Due:** \$ \_\_\_\_\_
- **Deduction Amount:** \$ \_\_\_\_\_ per paycheck
- **Effective Date (MM/DD/YYYY):** \_\_\_\_\_ **Payroll Period** \_\_\_\_\_
- **End Date (if applicable):** \_\_\_\_\_

**Authorization**

I hereby authorize Austin Peay State University to deduct the amount specified above from my paycheck. I understand that my payroll check must be sufficient to cover all authorized deductions. This authorization will remain in effect until the designated end date, termination date of employment or until I submit a written request to modify or cancel the deduction.

**Employee Signature:** \_\_\_\_\_

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

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**For LGCLC Office Use Only**

- **Received by:** \_\_\_\_\_
- **Date Emailed to Payroll Office:** \_\_\_\_\_