

**PAYROLL DEDUCTION AUTHORIZATION  
 IN LIEU OF TUITION AND FEES FOR FULL-TIME AND REGULAR  
 PART-TIME EMPLOYEES AND FULL-TIME EMPLOYEE DEPENDENTS**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Florida State College at  
 (Please print Employee's Name)

Jacksonville Payroll department, to deduct from my payroll check the amount of tuition and fees for course (s) taken during the following term, if I or my dependent(s) do not successfully complete the coursework. Employees and/or their dependent(s) who audit their coursework are not eligible to enroll in this program. This authorization is to be executed in six (6) equal installments immediately following the term taken.

\_\_\_\_\_  
 Employee's Signature                                      Employee's PID #                                      Employee Hire Date

**(Check the enrollment term for you or your dependent-one form per person.)**

--	--	--

Fall Term                      Spring Term                      Summer Term                      Year: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of all  
 (Please print dependent's name)

information contained in my student file regarding academic and or financial aid to be discussed with my spouse or parent listed above. Further, matters related to my student file and attendance may also be discussed.

\_\_\_\_\_  
 Spouse's or Dependent Child's Signature                                      Spouse's or Dependent Child's Student ID Number

--	--

\_\_\_\_\_  
 Dependent Child's Date of Birth                                      Spouse                      Dependent

**Eligible employee must be employed by the College prior to the beginning of the class and remain employed with the College through the ending date of the class based on encoded dates of the class. APM # 03-0910.**

**Dependent pre-authorization is limited to full-time employees only. Dependent is defined as a spouse or a dependent child under the age of 26 (at the beginning of the class) and living at the full-time employee's residence. APM # 03-0910.**

**HR/CAMPUS BUSINESS AFFAIRS OFFICE/CASHIER USE ONLY:**

Approved by: _____		
Print	Signature	Date
Entered by: _____		
Print	Signature	Date

**PAYROLL DEDUCTION AUTHORIZATION:**

	Print		Date
_____ Total Deduction	_____ Start Date	_____ Amount/Pay Period	_____ Signature