CAMANCHE COMMUNITY SCHOOL DISTRICT

AUTHORIZATION TO MAIL PAYCHECKS

I, _____, hereby authorize the Camanche Community School District to mail my paycheck to:

Address: _____

City: _____

State: _____Zip: _____

Please mark all below:

____Anytime I'm absent on payday (i.e. sick leave, personal leave, maternity)

I acknowledge the check will not be mailed until the school district established payday and that the Camanche Community School District is not responsible for the delivery of the paycheck to the above address. Should the mail be delayed and I incur charges as a result, the Camanche Community School District will not be liable for those charges.

_____ _____

Signed **Date**