Nutrition Voluntary Employee Deduction Form

Employee Name:_____ **Employee ID#**_____

I hereby grant written permission for the Blanco Independent School District to deduct cafeteria charges from my monthly payroll. Furthermore, I may elect to deduct other person's cafeteria charges as noted on this form. I understand that I can elect to rescind such permission(s) at any time and that upon permission(s) being rescinded, any outstanding charges will be deducted at the next payroll and that no further cafeteria charges will be allowed (i.e., food has to be purchased with cash at time of sale).

Employee Section: Please make the following desired selections.

☐ I hereby **grant** permission to the Blanco Independent School District to deduct my cafeteria charges from my pay, to begin during the next applicable payroll.

☐ I hereby **rescind** permission to the Blanco Independent School District to deduct my cafeteria charges from my pay. This option will go into effect following the deduction of all outstanding charges from my pay through the date this form was approved by the Blanco ISD Business Office.

Other Persons Section: Please make the following desired selections.

I hereby **grant/rescind** permission to the Blanco Independent School District to deduct the following person's cafeteria charges from my pay.

☐ **Grant** ☐ **Rescind Cafeteria Deductions From My Pay - Full Name**:_____

☐ **Grant** ☐ **Rescind Cafeteria Deductions From My Pay - Full Name**:_____

☐ **Grant** ☐ **Rescind Cafeteria Deductions From My Pay - Full Name**:_____

☐ **Grant** ☐ **Rescind Cafeteria Deductions From My Pay - Full Name**:_____

This form cannot be acted upon without employee written signature.

Employee Signature:_____ **Date:**_____

Business Office Approval:_____ **Date:**_____