

Scott County School System
2014-2015 EMPLOYEE DEDUCT SHEET

Please complete all blanks with the correct information and return immediately to the Central Office. Read carefully and complete every question, otherwise, processing of your check will be delayed.

(First Name) (Last Name) (Middle I) (Maiden Name-Required)

Mailing Address (City) (State) (Zip) (Phone Number)

(Date of Birth) (Social Security #) (# of Dependents) (Marital Status)

Has your address or phone number changed since last year? Yes No

It is the responsibility of the employee to keep the central office informed of an address change. If you have any changes during the school year, please pick up an information change form at the Central Office.

School/Location: _____ Present Position: _____

Years employed with the SCBOE: _____ Years military experience: _____

Total years **teaching** experience with the SCBOE: _____ Total years **teaching** experience: _____

Degree: _____ Hours above degree: _____ Is spouse a full time employee of SCBOE. Yes No

Y-12 CREDIT UNION (REQUIRES DIRECT DEPOSIT OF PAYROLL):

Please state the dollar amount you want deducted for Y-12 \$_____ per pay period.

ALL EMPLOYEES who desire to participate in this service are required to open up a Y-12 account (Lafollette has a Y-12 office) before anything can be deducted from your check. Contact Lessa Ellis at (663-8027) for a coupon to open up a new account. After your account is activated, please contact the Finance Department at (663-3460); (663-3552 fax) in writing with your personal account number, financial institution's routing number, and the amount you request to be deducted from your check.

If you have an account & it is being deducted from your check you DO NOT need to do anything.

INSURANCE

Insurance deductions will be considered the same as the previous year unless you notify the Central Office in writing. All changes must be reported within thirty one (31) days after the change has been made.

NEW EMPLOYEES please contact Lessa Ellis (663-8027) at the Central Office. If your application for Insurance is not submitted within 31 days of the initial hire date, you will have to apply through open or special enrollment.

Also, new employees need to complete **pre tax, retirement, life and dental** applications.

CERTIFIED STAFF

I am authorizing the monthly payroll deduction of \$46.55 for my Scott County Education Association (SCEA); Tennessee Education (TEA), National Education Association (NEA) membership to be withdrawn starting in September and ending in June. The total amount for the school year 2014-2015 deductions to equal \$466.50.

Yes No Signature: _____

AUTHORIZATION: The principal of my school is authorized to pick up my deposit slip/check and deliver to me on the scheduled pay day. Yes No

(Employee Signature)

(Date)