## EMS-ISD Childcare 2024-2025

## Payroll Deduction Authorization

## Please Print

Employee Name:		Social Security Number:		
Home Address:		City:		Zip:
Child's Name:				
Campus/Department: _				
Amount to be Deducted	d Monthly: \$			
Deduct over a period of	of (check one)	10 Month	s 12 Moi	nths
Employee Signature:		Date:		
		2024-2		
		PAYROLL DE	DUCTION	
Class	Daily Rate	X187	10 Months	12 Months
			(Sept-June)	(Sept-Aug)
Infants	\$50.00	\$9,350.00	\$935.00	\$779.00
Toddlers	\$46.00	\$8,602.00	\$860.20	\$716.83
Twos	\$44.00			
Deductions begin wit Teacher Contract.	h September pay բ	period (Septembe	r 20th). Childcare beg	ins the first day of the 187
draws from the center b	pefore the end of the ycheck. This could it	ne school year the mean the amount i	amount due for all da	or 12 months. If a child with- ys of care will be deducted from the normal monthly deduction,
depending on the total	namber of days of	care.		
Please complete one form f	for every child in care			
Employee Signature:			Date:	