



Authorization for Fingerprinting and Rolling Fee Deduction

Date: _____

I hereby authorize the Payroll Services Department of the Sacramento City Unified School District to deduct from my pay warrant the amount of \$_____ for fingerprinting and \$_____ for the cost of the rolling fee charged by Human Resource Services.

Employee's Name (Print)

Employee Signature

Social Security Number

Position

Location or Department

Distribution: White – File; Yellow – Payroll Services Department; Pink – Candidate