

SALARY REDEDUCTION AUTHORIZATION

I have read and understand policy DCAC, Salary Adjustments, and agree to its terms. I acknowledge that any wage overpayment constitutes an advance of future wages payable to me. If I receive any overpayment of wages for any reason, I give permission to the District to deduct such overpayments **[in full]** or **[in installments of \$XXX at a time]** from any subsequent paycheck(s) to which I become entitled until the overpaid amount has been fully repaid.

Employee Signature

Date

End of McClusky School District #19 Exhibit DCAC-E

[12/19]