

**COAHOMA COMMUNITY COLLEGE
AND AGRICULTURAL HIGH SCHOOL**

AUTHORIZATION TO DEDUCT PAY

EMPLOYEE NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____

DEPARTMENT _____

NUMBER OF DAYS TO DEDUCT _____

REASON(S)/COMMENT(S) _____

SUPERVISOR

APPROVE

DISAPPROVE

BUSINESS MANAGER

APPROVE

DISAPPROVE

PRESIDENT

APPROVE

DISAPPROVE

FOR HIGH SCHOOL USE ONLY

PRINCIPAL

APPROVE

DISAPPROVE

ASSISTANT SUPERINTENDENT

APPROVE

DISAPPROVE

SUBMIT APPROVED FORM TO HUMAN RESOURCES