



SHERIFF

Marion County



PAY ROLL DEDUCTION

TO: SHERRIFF BILLY WOODS

I hereby request and authorize the deduction of \$ 30 from my salary and/or wages each pay period; and further authorize the transmittal of said amount to the *Fraternal Order of Police, Lodge #145*.

I understand that this deduction will begin with my paycheck on _____; that the deduction will be taken only twice each month (no deduction from 3rd pay in a month); that future changes in the amount, or frequency, must be made in writing, at least fifteen (15) days prior to the effective date of the requested change.

ID # _____

JOB TITLE _____

DIVISION _____

Print Name

Signature

Date