



Employee Payroll Deduction Authorization Form
For Criminal Background Checks

Name: _____

Address: _____

City, State and Zip: _____

Employee ID: _____ Department: _____

Phone Number: _____ Email: _____

I understand that pursuant to College policy, it is an employment eligibility requirement for an applicant to meet the requirements of § 435.04(2), Florida Statutes, related to background investigations. Any person failing to meet the requirements of the statute will be deemed not qualified to hold employment. A Florida Department of Law Enforcement (FDLE) approved background check will be conducted on every successful candidate as a condition of employment, and any person who fails to disclose any adverse information contained in the background investigation at the time of submitting an employment application will be disqualified from employment. Please reference the Board of Trustees' Policy, 6Hx20.1.036 for further information.

I authorize a one-time deduction of \$37.25 from my paycheck.

Signature: _____ Date: _____

+++++

FOR HUMAN RESOURCES: Code #

Record Updated by: _____ Date: _____