



# Payroll Deduction Voucher Form

DATE: \_\_\_\_\_

I, \_\_\_\_\_, SSN: \_\_\_\_\_  
(PLEASE PRINT LEGIBLY)

Wish to have the thirty two dollars (\$32.00) fee for my pre-employment drug screening deducted from my first (1st) paycheck issued by the School Board of St. Lucie County.

\_\_\_\_\_  
Signature

White: Payroll      Canary: Personnel      Pink: Employee      PER0136 Rev. 8/08



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