



MAINE INDIAN EDUCATION
Beatrice Rafferty, Indian Island, and Indian Township Schools

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

In the event that I do not successfully complete the course(s) or do not provide within sixty (60) calendar days of receipt of written notification of satisfactory completion of the course, I shall reimburse the District the amount of payment made on my behalf. Unless other repayment arrangements are made with the Superintendent in writing, any reimbursement owed to the District by me shall be made by payroll deduction in six (6) consecutive payments. Full payment may be made to the business office at any time.

I agree that the following charges of \$_____ will be paid by MIE on my behalf in the form of a direct payment option for any approved educational course.

It is also my understanding that should I end my employment with MIE for any reason, I remain liable for the above-mentioned debt and any remaining balance.

Course Title: _____

Number of credit hours: _____

Institution: _____

Starting date: _____ Ending date: _____

Name (printed): _____

Signed: _____ Date: _____

Employee Signature

Approved by: _____ Date: _____

Superintendent's/Principal's Signature