

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE

PAYROLL DEDUCTION AUTHORIZATION
IN LIEU OF PAYMENT OF MATRICULATION AND TUITION FEES FOR
FULL TIME & REGULAR PART TIME EMPLOYEES
AND FULL TIME EMPLOYEE DEPENDENTS

DATE: _____

I, _____, authorize the Florida Community College at
(Please Print Name)

Jacksonville Payroll department, to deduct from my payroll check the amount of matriculation and tuition fees for
course(s) taken during the following term, if I or my dependent do not successfully complete the
coursework. Employees and/or their dependents who audit their coursework are not eligible to enroll in this
program. This authorization is to be executed in three (3) equal installments beginning with the first payroll
immediately following the term enrolled.

(Check the term you or your dependent are enrolling - one form per person per term)

FALL TERM (Sept-Dec) _____ YEAR _____

SPRING TERM (Jan-May) _____ YEAR _____

SUMMER TERM (May-Aug) _____ YEAR _____

Employee Hire Date _____

Employee's Signature _____

Dependent's Name - Spouse or Child _____

Employee's Social Security Number _____

Dependent's Social Security Number _____

Dependent pre-authorization is limited to full-time
employees only. Dependent is defined as a spouse
or a dependent child under the age of 22 and living
at the full-time employee's residence.

Dependent Child's Date of Birth _____

Eligible employees must be employed by the College
prior to the beginning of the class and remain employed
with the College through the ending date of the class
based on encoded dates of the class. APM #03-0910

BUSINESS OFFICE/MCCS CASHIER USE:
Entered by: _____
Date: _____

DISTRIBUTION OF FORM
Original - Budget Office
Copy - Business Office/MCCS Cashier