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**Day of Giving Pledge or Compensation Reduction Agreement**

I wish to pledge: *(please choose one)*

A **one-time** amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ covering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(month)* through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(month)* for calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Minimum of $4.00 per month multiplied by number of covered calendar months. Pledge does not cover beyond December of current calendar year. Payable by cash/check. Please make checks payable to Genesee ISD.)*

Via payroll deduction *(please choose one of the following options)*

A **one-time** amount of $\_\_\_\_\_\_\_\_\_\_\_\_ (*minimum of $4.00 per month multiplied by number of remaining calendar months),* effective as dated below to be withheld next pay. **I understand that a minimum of $48.00 or my written amount, whichever is greater, will be deducted from the first pay in January of the next calendar year to cover a 12-month period.**

$\_\_\_\_\_\_\_\_\_\_\_\_\_ **per pay on the 1st and 2nd pay of each month**. *(minimum of $2.00 per pay)*

**I understand that:**

1. My signature below authorizes Genesee Education Consultant Services to withhold from my net pay the amount I have indicated above for the purpose of funding Genesee Intermediate School District’s Annual Day of Giving.
2. I can cancel this pledge at any time by indicating so below and submitting this form to Genesee Intermediate School District’s Business Services department.
3. Unless cancelled, the withholding of this pledge from my net pay will occur even if I am unable to participate in the benefit I will receive in exchange for my pledge amount. (i.e. jean day)
4. Pledge amounts made via payroll deduction will automatically renew at the beginning of each calendar year, unless I request to cancel or change this pledge.

I request to cancel my pledge.



Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted by Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_