



## NINE MILE FALLS SCHOOL DISTRICT 25/179

10110 West Charles Road, Nine Mile Falls, WA 99026  
(509) 340-4300 FAX (509) 340-4301

Brian Talbott, Superintendent



To: Nine Mile Falls School District Payroll Office  
From: Participating Employee

I hereby authorize the Nine Mile Falls School District to deduct from my wages each month \$\_\_\_\_\_ plus Washington State sales tax for payment of dues to **Suncrest Fitness Center**. The grand total is \$\_\_\_\_\_.

This deduction will continue for at least one (1) year. A written and signed revocation must be submitted to the payroll office to cancel after the completion of one (1) year.

All authorizations are due in the payroll office by the 10<sup>th</sup> of the month in order to be included on that month's payroll.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name Here

In the Nine Mile Falls School District  
...each student will succeed...effective instruction is paramount...quality leadership matters...reflection improves our practice  
...we are each other's best resource...positive relationships are foundational to our success.  
We continue to act in a way that matches our beliefs.

