

PAYROLL DEDUCTION AUTHORIZATION
Continuing Professional Development Course

I, _____
Employee Name (please print)

hereby authorize the Howard County Public School System to deduct from my paycheck the total fee of \$ _____ necessary for a Continuing Professional Development course.

The total fee will be deducted from one paycheck.

Employee Signature Date: _____

Employee Number: _____ School/Office: _____

COURSE FEE SCALE	
1 credit	\$50.00
2 credits	\$100.00
3 credits	\$150.00

For additional information please contact Pat Thomey at (410) 313-6876

INCOMPLETE FORM WILL DELAY REGISTRATION