



**PAYROLL DEDUCTION AUTHORIZATION**  
*Continuing Professional Development Course*

I, \_\_\_\_\_  
Employee Name (please print full name)

hereby authorize the Howard County Public School System to deduct from my pay the total fee of \$ \_\_\_\_\_ to cover the registration for the CPD course(s) entitled \_\_\_\_\_

**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

Return this form to Tricia Murphy at Central Office. For additional information, please contact Tricia Murphy at 410-313-6648.

**INCOMPLETE FORM WILL DELAY REGISTRATION CONFIRMATION**