



FRANKLIN CENTRAL SUPERVISORY UNION
Bellows Free Academy UHS#48, Northwest Technical Center, St. Albans City School,
St. Albans Town Educational Center, Fairfield Center School

PAYROLL / BENEFITS PERMISSION to DISCLOSE

To be completed by employee prior to release of Payroll or Benefits related information to someone other than the employee.

This form will be kept on permanent file for future reference until the employee requests otherwise [in writing]. Feel free to copy this form as a reminder. Fill out once for each individual being given authorization.

I, _____ grant permission for
(Employee Printed Name)

_____, to :
(Authorized Person) (Relationship to Employee)

Check all that apply:

- pick up my paycheck
- discuss any or all payroll related information with central office personnel
- discuss any or all benefits related information with central office personnel
- the following specific direction only: _____

_____.

The Franklin Central Supervisory Union is hereby released from liability in any instance or condition that may arise from the disclosure and/or release of information or payment. I understand that it is my responsibility to retract this permission and until I do it will be honored.

Employee Signature

Date Signed

I wish to rescind the permission given above.

Employee Signature

Rescind as of