

**AUTHORIZATION TO REDUCE WAGES**

Date: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Department: \_\_\_\_\_

I authorize Laguna Beach Unified School District to deduct a total of \$\_\_\_\_\_ from my payroll check, to repay an overpayment of salary that was received on \_\_\_\_\_, for pay that was not due.

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