

GORHAM SCHOOL DEPARTMENT
Office of the Superintendent
75 South Street Suite 2 Gorham Maine 04038

Hollis Cobb
Finance Officer

(207) 222-1000
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Heather Perry
Superintendent

EMAIL AUTHORIZATION FORM FOR ELECTRONIC PAY STUB

EMPLOYEE NAME: _____

Please choose the following option and return this form to Arin Joudrey in the payroll department.

_____ Yes I do want my pay stub emailed to my GSD email address
I authorize the GSD to send my pay stub to the school district email assigned to me. I am aware by signing below that it is my responsibility to contact Arin Joudrey in payroll if I no longer wish for my pay stub to be emailed .

_____/_____
Employee Signature **Date**