

Orange County Public Schools – Certification Payment Affidavit

PERSONAL INFORMATION:

Personnel Number: _____

First Name: _____

Last Name: _____

Work Location: _____

Type of application submitted:

Renewal Application

Add-on or Name Change

I authorize the payment of the application fee for processing the District Renewal/Add-on Application through payroll deduction. The deduction will be reflected on my paycheck under *Certification Fee*.

Signature

Date

** Please send your completed Certification Payment Affidavit form to the Certification Department via courier at – RBELC 1st floor, Attention: Certification Department, or email a copy to Certification@ocps.net