



AUTHORIZATION FOR ELECTRONIC PAY STUB SUBMISSION

Electronic Authorization

I hereby authorize Rogue River School District to submit my pay stubs to my personal email address provided below. I understand that paper pay stubs will no longer be sent. I also understand that it is my responsibility to notify the payroll department immediately if my email address changes.

This election to receive electronic pay stubs will remain in effect until the Rogue River School District Payroll Department receives WRITTEN notice from me to discontinue submitting my pay stubs electronically.

Employee Name: _____
(please print legibly)

Employee Signature: _____

PERSONAL email address: _____
(please print legibly)

Date: _____

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You will receive an email each pay period with an attached copy of your pay stub. To view the attachment, enter the last 4 digits of your social security number when prompted for a password.

You may also view copies of your past pay stubs and W2 forms by logging into the Rogue River School District Employee Portal at <https://ivision.scesd.k12.or.us/rogueriveress/> .