



DISTRICT BUSINESS OFFICE

33 GOUGH STREET, SAN FRANCISCO, CA 94103-1214. 415-241-2308. FAX 415-241-2283

PAYROLL DEDUCTION AUTHORIZATION FORM

New Authorization Change Authorization Cancellation

Employee Name: _____
(Please Print) **Last** **First**

**Employee I.D or
Social Security Number:** _____

Organization Name: _____

Deduction Code: _____

\$ _____ \$ _____
Deduction Amount Goal Amount

I hereby authorize the City College of San Francisco Payroll to withhold from each of my paychecks the deduction amount stated above and to transmit said sum to the organization named above.

I consent to the adjustment of such deduction (1) to conform to future pay period change or (2) to reflect any change in deduction amount of which the College may be advised by the organization. This authorization shall be in full force and effect until revoked by the undersigned or by the organization.

Any discrepancies in my voluntary deductions listed on my pay stub must be reported to CCSF Payroll Office immediately.

Signature of Employee Date Phone/Email