

AUTHORIZATION FOR PAYROLL DEDUCTION TO THE SAN DIEGO MESA COLLEGE FOUNDATION

Name (last, first, middle initial)	Employee ID #	Pay Station	Location Name

Please check one:

<input type="checkbox"/> Academic	<input type="checkbox"/> Deduction is new
<input type="checkbox"/> Classified	<input type="checkbox"/> Deduction is a change

You may decide where you would like your contribution to go. It may support a specific scholarship or scholarships in general; faculty and staff development, program support, or where the need is the greatest.

- I would like my donation to support _____
- I would like my donation to support special programs for veterans
- I would like my donation to go where the need is the greatest
- I would like my donation to support a one-time gift of _____

I hereby authorize the San Diego Community College District to reduce my salary in the amount of \$_____ each month, and divert the amount of the reduction to the San Diego Mesa College Foundation. Unless specifically stated, this deduction will continue until it is stopped by me.

This authorization must be received in Human Resources-Payroll by the first working day of the month in which the deduction is to become effective and will remain in effect until cancelled by me in writing.

Employee Signature

Date

Effective Date