

Voluntary Deduction Authorization

San Diego Community College District

Employee Name (last, first, middle initial)

Employee ID#

Campus

Department

Status

Please check one

Academic

Deduction is new

Classified

Deduction is a change

Name of Organization

Amount to be deducted monthly

I hereby request and authorize the San Diego Community College District to reduce my salary in the amount listed and divert the amount of such reduction to the organization as indicated above.

Employee
Signature

Date

Effective Date

Conditions of Record

The amount so deducted shall be transmitted to the organization designated above and upon remitting the deduction, the San Diego Community College District shall have fulfilled its entire obligation and shall be held harmless in the event of defalcation on the part of the designated organization or any of its employees.

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 force until canceled by me in writing.

Submit