Name (last, first, middle)	Employee ID#	Location Code/Description

San Diego Community College District Organization Dues

Organization Name		Amount \$
Requested Deduction E	ffective Date:	
Click here if:		
□Academic	□Classified	
☐ Deduction is new	☐ Deduction is a change	☐ Renewing deduction
warrants due me as an necessary to pay organi be deducted shall be in	employee beginning with the vizational dues to the organizati	uthorized to deduct from each of my regular varrant for the month indicated above, the sum on designated above. The amount of such dues to bmitted by the above-named organization to the
I hereby agree to the co	onditions set below.	
Employee signature		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 cancelled by me in writing.