



## Payroll Deduction Form

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_

Classification:      Administrator                      Classified/Confidential  
                                 Full-Time Faculty                      Adjunct Faculty  
                                 Adult Hourly                              College Assistant

#### **Authorized Payroll Deduction:** *Monthly Donations October through July*

Begin a payroll deduction in the amount of \$\_\_\_\_\_ per month for a 10-month period.

Change my existing payroll deduction from current amount to \$\_\_\_\_\_ per month for a 10-month period.

Cancel my current payroll deduction.

#### **Authorized Designation:**

I wish to designate my payroll deduction to the following fund(s):

or

I wish to designate my payroll deduction directly to the **COC Foundation** wherever the need is the greatest.

***I authorized the following changes. I understand that this payroll deduction shall remain in effect until I submit a new payroll deduction form approving the change or cancellation.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_