MIRACOSTA COMMUNITY COLLEGE DISTRICT
FACULTY ASSEMBLY (FA) - PAYROLL DEDUCTION FORM – FY 2015/16

CHECK THIS BOX TO CANCEL ALL PREVIOUS CONTRIBUTIONS TO FA................................. ☑

Choose only one – Fixed Dollar or Percent

PERCENT OF GROSS PAY DEDUCTION

☐ Monthly deduction of ___0.4___ % to be drafted each month.

Percent Deduction Effective Until:_____ (blank for ongoing)

FIXED DOLLAR AMOUNT DEDUCTION

☐ One time deduction of $_____ (to occur exactly once and not repeat)

- -

☐ Annual deduction of $_____ to be drafted in _____(month)

Annual Deduction Effective Until:_____ (blank for ongoing)

- -

☐ Monthly deduction of $_____ for 12 months (July – June)

☐ Monthly deduction of $_____ for 10 months (August – May)

Monthly Deduction Effective Until:_____ (blank for ongoing)

_____   _____
Employee Name (Print)   Pay-ID Number (xxx-xxx) or last 4 of SSN

_____   _____
Signature (type your name as your signature)   Date

_____

FOR PAYROLL USE ONLY:

BDEMP Done _____   Vendor # _____   Payroll Date _____ Initials _____