

MIRACOSTA COMMUNITY COLLEGE DISTRICT
FACULTY ASSEMBLY (FA) - PAYROLL DEDUCTION FORM – FY 2016/17

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 _____