



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: _____