



PPSD use only

Payroll Deduction Authorization/Cancellation Form

If no response after two pay periods, call PPSD. Do not resubmit.

NEW AUTHORIZATION CHANGE AUTHORIZATION CANCELLATION

EFFECTIVE DATE		
MM	DD	YY
/	/	

EMPLOYEE ID					RECORD #	EMPLOYEE NAME			DEPT. ID	DEPT. NAME	JOB CLASS
						LAST	FIRST	M.I.			

\$ _____ OR _____ % \$ _____
 BIWEEKLY DEDUCTION AMOUNT PERCENT GOAL AMOUNT

3-DIGIT ALPHA 3-DIGIT #

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DEDUCTION CODE

DEDUCTION NAME

NEW AUTHORIZATION
 CHANGE AUTHORIZATION

I hereby authorize the Controller of City and County of San Francisco to withhold from each of my salary warrants the deduction amount stated above and to transmit said sum to the organization named above.
 I consent to the adjustment of such deduction (1) to conform to future pay period change or (2) reflect any change in union dues of which the Controller may be advised by the organization. This authorization shall be in full force and effect until revoked by the undersigned or by the organization.
 Any discrepancies in my voluntary deductions as reported on my pay stub must be reported by me in writing to PPSD, One South Van Ness Ave., 8th floor, San Francisco, CA 94103 within 30 days after the occurrence.

 SIGNATURE OF EMPLOYEE TODAY'S DATE

CANCELLATION - SIGN AND DATE THIS SECTION AND FORWARD TO YOUR UNION, IF APPROPRIATE

I hereby request the Controller of the City and County of San Francisco to cancel the salary deduction named above. I understand that the ability to cancel my payroll deduction may be subject to restrictions and/or requirements stated in my Memorandum of Understanding and that it is **my responsibility** to ensure all necessary requirements have been met before submitting this request.

 SIGNATURE OF EMPLOYEE TODAY'S DATE

UNION / AGENCY / DEPARTMENT USE ONLY

AUTHORIZED BY _____ PHONE _____ DATE _____
 SIGNATURE

DO NOT WRITE BELOW THIS LINE

PPSD USE ONLY

PREPARED BY _____ PHONE _____ DATE _____
 KEYED BY _____ PHONE _____ DATE _____