
TO: Payroll Office Los Angeles County Office of Education
SUBJECT: Request for Payroll Deduction

You are requested and hereby authorized to deduct \$ _____ per month from my salary for dues or premium to the California Association of Educators, or any other amount later required by that organization. Please deduct beginning with the next payroll possible, or beginning _____ (specify if later date is desired).

Month of Earnings

X _____
(Signature) (Date)

Payroll changes **MUST BE RECEIVED BY THE TENTH OF THE MONTH**; otherwise, effective date is delayed one month.

SSN _____

PRINT NAME

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