
TO: Payroll Office **Vallejo City Unified School District**
SUBJECT: Request for Payroll Deduction

You are requested and hereby authorized to deduct from my salary \$ _____
per month for dues or premium, or any other amount later required by that organization, and transmit to the
California Association of Educators— #12370 . This authorization shall be in full force and effect until revoked by me
or by the organization.

X _____

(Signature)

(Date)

This authorization shall be in full force and
effect until revoked by me or by the organi-
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Certificated _____ SSN _____

Classified _____

PRINT NAME

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