TO:	Payroll Office	Payroll Office COMPTON UNIFIED SCHOOL DISTRICT		
SUBJECT:	Request for Payroll Dedu	ıction		
You are requested and hereby authorized to deduct \$		per month from my salary for dues and fees or		
premium to the	You Run This Town Foundation - 2JN	1 , or any other amount la	ter required by that organization.	
Please deduct begin	ning with the next payroll possible, or b	peginning	(specify if later date is de-	
sired).				
		Month of Earnings		
	X			
		(Signature)	(Date)	
•	IST BE RECEIVED BY HE MONTH; other-	SSN		
	s delayed one month.			
,	v		PRINT NAME	
TO:	Payroll Office	COMPTON UNIFIED	D SCHOOL DISTRICT	
SUBJECT:	·			
You are requested a	are requested and hereby authorized to deduct \$ per month from my salary for dues and		om my salary for dues and fees or	
premium to the	You Run This Town Foundation - 2JM , or any other amount later required by that organization			
Please deduct begin	ning with the next payroll possible, or b	oeginning	(specify if later date is de-	
sired).				
,		Month of Earnings		
	X			
		(Signature)	(Date)	
Payroll changes MUST BE RECEIVED BY THE TENTH OF THE MONTH; other-		SSN		
	s delayed one month.			
, cheese e and is demy ed one month.			PRINT NAME	
TO:	Payroll Office	COMPTON LINIELE	D SCHOOL DISTRICT	
	· ·		D SCHOOL DISTRICT	
SUBJECT:	Request for Payroll Dedu	iction		
You are requested and hereby authorized to deduct \$		per month from my salary for dues and fees or		
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_	ning with the next payroll possible, or b	-		
sired).	ming with the next payron possible, or t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(specify if facer date is de-	
sireuj.		Month of Farnings		
	v	Month of Earnings		
	X	(Signature)	(Date)	
•	ST BE RECEIVED BY	SSN	, , ,	
	HE MONTH; other-	JD11		
wise, effective date i	s delayed one month.		DDINT NAME	
			PRINT NAME	