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**TO: Payroll Office** Los Angeles Community College District  
**SUBJECT: Request for Payroll Deduction**

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You are hereby authorized to make monthly payroll deductions from my salary of \$ \_\_\_\_\_ for professional organization dues and fees and/or insurance premiums and transmit these deductions to Bulger, Lenardson & Associates, Inc., without further liability to the Board of Trustees of the LACCD. This authorization shall remain in effect until modified or revoked in writing by Bulger, Lenardson & Associates, Inc. or myself.

X \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature)

Employee# \_\_\_\_\_ College or Unit \_\_\_\_\_ Classified or Certificated \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

PLEASE DO NOT WRITE BELOW To Become Effective: _____ APPROVED BY LACCD _____
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