
TO: Payroll Office COMPTON UNIFIED SCHOOL DISTRICT
SUBJECT: Request for Payroll Deduction

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 - 2JM, 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

TO: Payroll Office COMPTON UNIFIED SCHOOL DISTRICT
SUBJECT: Request for Payroll Deduction

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 - 2JM, 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

TO: Payroll Office COMPTON UNIFIED SCHOOL DISTRICT
SUBJECT: Request for Payroll Deduction

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 - 2JM, 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