TO:	Payroll Office	Inglewood Unified School District duction		
SUBJECT:	Request for Payroll Deduc			
You are requested and hereby authorized to deduct \$		per month from my salary for dues or premium		
to the You Run	the You Run This Town Foundation, or any other amount later required by that organization. Please deduct			
ning with the next payroll possible, or beginning		(specify if later date is desired).		
		Month of Earnings		
	X			
		(Signature)	(Date)	
Daywell shanges MII	CT DE DECEIVED DV	SSN		
Payroll changes MUST BE RECEIVED BY THE TENTH OF THE MONTH; other-				
wise, effective date is delayed one month.		PRINT NAME		
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Darmall share NATE	CT DE DECENTED DV	SSN		
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