TO:	Payroll Office	Los Angeles County Office of Education		
SUBJECT:	<b>Request for Payroll Deduc</b>	с .		
You are requested a	nd hereby authorized to deduct \$	per month from my	salary for dues or premium	
to the You Run T	his Town Foundation, or any other amo	ount later required by that organiz	zation. Please deduct begin-	
ning with the next pa	yroll possible, or beginning	(specify if later date is desired).		
		Month of Earnings		
	X	(Signature)	(Date)	
Payroll changes MUS	ST BE RECEIVED BY	SSN		
THE TENTH OF THE MONTH; other-		PRINT NAME		
wise, effective date is delayed one month.		P	'RINT NAME	
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