TO:	FO: Payroll Office Long Beach Unified School Di		d School District	
SUBJECT:	Request for Payroll Deduc	luction		
You are requested and hereby authorized to deduct \$		per month from my salary for dues or premium		
to the You Run	This Town Foundation, or any other am	amount later required by that organization. Please deduct begin-		
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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