TO:	Payroll Office	Peralta Community	Peralta Community College District	
SUBJECT:	Request for Payroll Dec	duction		
You are requested and hereby authorized to deduct \$		per month from my	per month from my salary for dues and fees or	
premium to the California Association of Educators		, or any other amount later required l	by that organization. Please	
deduct beginning with t	he next payroll possible, or beginn	ning (specify	y if later date is desired).	
		Month of Earnings		
	X	(Signature)	(D-4-)	
			(Date)	
Payroll changes MUST BE RECEIVED BY THE TENTH OF THE MONTH; otherwise, effective date is delayed one month.		SSN		
		P	PRINT NAME	
TO.	Povedi Office	Dowalto Community	Callaga District	
TO:	·			
SUBJECT:	Request for Payroll Dec	auction 		
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		Month of Earnings		
X				
		(Signature)	(Date)	
Payroll changes MUST BE RECEIVED BY THE TENTH OF THE MONTH; other- wise, effective date is delayed one month.		SSN		
		PRINT NAME		
TO:	Payroll Office	Peralta Community	College District	
SUBJECT:	Request for Payroll Dec	duction		
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		Month of Earnings		
	X	(Signature)	(Data)	
		,	(Date)	
Payroll changes MUST BE RECEIVED BY		SSN		
THE TENTH OF THE wise, effective date is de	, and the second			
mise, effective date is delayed the month.		P	PRINT NAME	