

**WEST VALLEY-MISSION COMMUNITY
PAYROLL DEDUCTION AUTHORIZATION**

_____ CLASSIFIED _____ ACADEMIC _____ FULL TIME _____ PART-TIME

SOC SEC or Payroll ID #: _____ *****EFFECTIVE DATE: _____**
(last 4 digits only)

EMPLOYEE NAME: _____
LAST FIRST M.I.

DEDUCTION CONTROL: CONTRIBUTION TO BE DEDUCTED FROM: _____10 _____11 _____12 PAYCHECKS

COMPANY/DEDUCTION NAME	CHECK ONE			AMOUNT FROM EACH PAYCHECK	PAYROLL CODE
	NEW	CHANGE	STOP		

SIGNATURE: _____ DATE: _____

*****PAYROLL DEPARTMENT MUST RECEIVE BY THE 15TH OF THE MONTH TO BE EFFECTIVE ON THE END-OF-MONTH PAYROLL.**