

NOTICE TO THE STATE CONTROLLER OF PAYROLL DEDUCTION AUTHORIZATION

The State Controller is hereby authorized to add, delete, or change the payroll deduction for the below-named employee.

(FILL-IN FORM (USE TAB TO MOVE BETWEEN FIELDS), OR PRINT TYPE OR HAND WRITTEN FORM BELOW)

NAME OF COMPANY OR ORGANIZATION	

EMPLOYEE IDENTIFICATION		
Employee ID Number	First Initial	Last Name

DEDUCTION INFORMATION							
Deduction Code	Organization Code	Deduction Amount	Type of Change (check ONE box)			Pay Period	
			NEW	DELETE	CHANGE	Month	Year
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		

I CERTIFY THAT AUTHORIZATION FOR PAYROLL DEDUCTIONS SIGNED BY THIS EMPLOYEE AND APPOINTING THE ABOVE-NAMED COMPANY OR ORGANIZATION AS HIS/HER AGENT IS ON FILE IN THIS OFFICE.

Colleen Haws

_____ DATE

SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION OFFICIAL

PHONE NUMBER: _____

Send to: State Controller's Office, Personnel/Payroll Services Division
Attn: Miscellaneous Deductions Unit
PO Box 942850, Sacramento, CA 94250-5878

