



PAYROLL DEDUCTION AUTHORIZATION

Please select the Foundation where you wish your payroll contribution to be forwarded:

Please select your employee type:

_____ Irvine Valley College Foundation (6CC0)

_____ Academic (10 month deduction)

_____ Saddleback College Foundation (6CB0)

_____ Classified (10 month deduction)

_____ District Foundation (SOCCCD)

_____ Administrator/Manager (12 month deduction)

_____ Trustee (10 month deduction)

Employee Name: _____ Employee ID: _____

Preferred Mailing Address: _____ City: _____

Zip: _____ Phone: _____

Please allocate my deduction to the following:

_____ Scholarship Fund: provides the greatest flexibility to the scholarship selection committee to ensure that the most deserving student applicant are awarded a scholarship.

_____ Foundation Endowment Fund: will ensure a sound financial base requiring less funding from the District and College budgets.

_____ Area of Greatest Need: will support areas of the college or district where supplemental funding is most needed to enhance programs and services.

_____ Other: Please specify: _____

_____ **Total Monthly Deduction:** This is the amount deducted and reflected on my payroll stub. This amount will supersede any prior authorized amount.

_____ **I wish to cancel my voluntary deduction on the next available payroll.** My deduction will remain in place until I submit this form requesting to cancel my prior payroll deduction to the foundation.

I authorize South Orange County Community College District to deduct the Total Monthly Deduction listed above and understand that this authorization shall remain in effect until changed or cancelled by my submission of a new Payroll Deduction Authorization form is received by the payroll department.

Employee Signature

Date