



PAYROLL DEDUCTION AUTHORIZATION

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

Irvine Valley College Foundation (6CC0)

Saddleback College Foundation (6CB0)

District Foundation (SOCCCD)

Please select your employee type:

Academic (10 month deduction)

Classified (10 or 12 month deduction)

Administrator/Manager (12 month deduction)

Trustee (10 month deduction)

Employee Name: _____ Employee ID: _____

Preferred Mailing Address: _____ City: _____

Zip: _____ Email: _____ Phone: _____

Please allocate my deduction to the following:

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

_____ Scholarship Fund: provides the greatest flexibility to the scholarship selection committee to ensure that the most deserving students are awarded scholarships

_____ Promise: to ensure this program and students receive needed support

_____ Stadium/Sports Complex: to support the building of a new stadium

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

_____ Innovation: to fund innovation as recommended by faculty _____

_____ 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