CITY AND COUNTY OF SAN FRANCISCO
PAYROLL/PERSONNEL SERVICES DIVISION

PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION

DO NOT SUBMIT DUPLICATE COPIES. IF NO RESPONSE AFTER TWO PAY PERIODS CALL PPSD.

☐ NEW AUTHORIZATION ☐ CHANGE AUTHORIZATION ☐ CANCELLATION

EFFECTIVE DATE MM / DD / YY

EMPLOYEE NUMBER																		
SOCIAL SECURITY NUMBER										MPID	TEST	EMPLOYEE NAME LAST	FIRST	M.I.	DEPT. NO.		DEPARTMENT NAME	JOB CLASS

ENTER MPID HERE

$ _____ DEDUCTION AMOUNT OR _____ % PERCENT $ _____ GOAL AMOUNT

		-		

ORGANIZATION NUMBER

ORGANIZATION NAME

☐ NEW AUTHORIZATION

☐ CHANGE AUTHORIZATION

I hereby authorize the Controller of City and County of San Francisco to withhold from each of my salary warrants the deduction amount stated above and to transmit said sum to the organization named above.

I consent to the adjustment of such deduction (1) to conform to future pay period change or (2) to reflect any change in union dues of which the Controller may be advised by the organization. This authorization shall be in full force and effect until revoked by the undersigned or by the organization.

Any discrepancies in my voluntary deductions as reported on my pay stub must be reported by me in writing to PPSD, 160 South Van Ness, within 30 days after the occurrence.

SIGNATURE OF EMPLOYEE _____ TODAY'S DATE _____

☐ CANCELLATION

Please cancel my payroll deduction as soon as possible.

SIGNATURE OF EMPLOYEE _____ TODAY'S DATE _____

AUTHORIZED BY _____ PHONE _____ DATE _____
SIGNATURE

DO NOT WRITE BELOW THIS LINE

HOLD	DED. NO.	FREQ.	AMOUNT OR %	GOAL	UTILITY
		Ø			Ø Ø

VERIFY PRECODED UTILITY NUMBERS

FREQUENCY
Ø - OFF
9 - EVERY PERIOD

PREPARED BY _____ PHONE _____ DATE _____

KEYED BY _____ DATE _____