

PAYROLL DEDUCTION State Faculty and Staff

YOUR INFORMATION

First Name	Middle Initial	Last Name
Department		Employee ID
Home Address		
City	State	ZIP
Work Phone	Home Phone	Cell Phone

WHERE WOULD YOU LIKE YOUR GIFT TO GO?

<input type="checkbox"/> President's Fund for Excellence: Give Where It's Needed Most	\$
<input type="checkbox"/> Cal Poly Cares— Student Emergency Fund: Give to Students in Need	\$
<input type="checkbox"/> Specific College, Department or Program _____	\$
<input type="checkbox"/> Specific Scholarship _____	\$
<input type="checkbox"/> Other _____	\$
Total	\$

CHOOSE TO MAKE YOUR GIFT

Payroll Deduction (new or change to deduction begin with next pay period)

- Please deduct a total of \$ _____ from each paycheck. *Note: Minimum amount is \$5.00*
- Please revise my total deduction to be \$ _____ from each paycheck
- End my payroll deduction

I authorize the State Controller to process the payroll deduction selection listed above. This authorization will remain in effect until canceled by me or by California Polytechnic State University, San Luis Obispo.

Signature

Date