CITY AND COUNTY OF SAN FRANCISCO
PAYROLL/PERSONNEL SERVICES DIVISION

Payroll Deduction Authorization/Cancellation Form

PPSD use only

If no response after two pay periods, call PPSD. Do not resubmit.

☒ **NEW AUTHORIZATION** ☐ **CHANGE AUTHORIZATION** ☐ **CANCELLATION**

EFFECTIVE DATE MM DD YY / /

DSW#

EMPLOYEE ID	RECORD #	EMPLOYEE NAME LAST FIRST M.I.	DEPT. ID	DEPT. NAME	JOB CLASS
			31	FIRE	

$ 5.40 OR ____ % BIWEEKLY DEDUCTION AMOUNT / PERCENT

$ ____ GOAL AMOUNT

3-DIGIT ALPHA 3-DIGIT #: V0D-047

DEDUCTION CODE

UNITED FIRE SERVICE WOMEN

DEDUCTION NAME

☒ NEW AUTHORIZATION

☐ CHANGE AUTHORIZATION

I hereby authorize the Controller of City and County of San Francisco to withold 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) 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, One South Van Ness Ave., 8th floor, San Francisco, CA 94103 within 30 days after the occurrence.

SIGNATURE OF EMPLOYEE _____ TODAY'S DATE _____

☐ CANCELLATION - SIGN AND DATE THIS SECTION AND FORWARD TO YOUR UNION, IF APPROPRIATE

I hearby request the Controller of the City and County of San Francisco to cancel the salary deduction named above. I understand that the ability to cancel my payroll deduction may be subject to restrictions and/or requirements stated in my Memorandum of Understanding and that it is **my responsibility** to ensure all *necessary requirements have been met before submitting this request.*

SIGNATURE OF EMPLOYEE _____ TODAY'S DATE _____

UNION / AGENCY / DEPARTMENT USE ONLY

AUTHORIZED BY _____ PHONE _____ DATE _____
SIGNATURE

DO NOT WRITE BELOW THIS LINE

PPSD USE ONLY

PREPARED BY _____ PHONE _____ DATE _____

KEYED BY _____ PHONE _____ DATE _____