



CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION

**PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION FORM**

IF NO RESPONSE AFTER TWO PAY PERIODS, CALL PPSD. Do Not Resubmit.

NEW AUTHORIZATION     CHANGE AUTHORIZATION     CANCELLATION

EFFECTIVE DATE		
MM	DD	YY
/	/	

EMPLOYEE ID						EMPLOYEE NAME			DEPT ID	DEPARTMENT NAME	JOB CLASS
DSW NUMBER						LAST	FIRST	M.I.			

\$ \_\_\_\_\_ OR \_\_\_\_\_ %      \$ \_\_\_\_\_  
BI-WEEKLY DEDUCTION AMOUNT      PERCENT      GOAL AMOUNT

ORGANIZATION NAME \_\_\_\_\_

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ORGANIZATION NUMBER

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 in 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., 8<sup>th</sup> Floor, San Francisco, CA 94103 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

PPSD USE ONLY

PREPARED BY \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

KEYED BY \_\_\_\_\_ DATE \_\_\_\_\_