



FOOTHILL-DE ANZA
Community College District

**Foothill-De Anza Community College District
Payroll Services
Deduction Withholding Request**

I, _____ authorize the District Payroll to

Deduct/Change/Cancel (circle one) \$ _____ per month
from my paycheck as a voluntary deduction for the

Program name:

The effective date should start with the paycheck dated _____ (mo), _____ (yr).

Signature: _____

Employee ID #: _____

Date: _____

Please return the completed form to:

**Foothill-De Anza College District
Payroll Services**
12345 El Monte Road
Los Altos Hills, Ca 94022

If you have any other questions, please call **(650) 949-6263**. Thanks.

(For Payroll staff use)

Date received: _____ Deduction Code: _____

Date entered: _____ By: _____