

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

I, _____ authorize the Foothill-De Anza
Community College District to deduct \$_____ per month from my
Paycheck as a voluntary deduction to the

Program name: Central Services Classified Senate

This deduction should start with the paycheck dated _____ (month),
_____ (year) until further notice.

Signature: _____

Social Security #: xxx-xx-_____

Date: _____

Please return the completed form to:

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

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

(For Payroll staff use)

Date received: _____ Deduction Code: _____

Date entered: _____ By: _____