



CITY AND COUNTY OF SAN FRANCISCO
PAYROLL/PERSONNEL SERVICES DIVISION

PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION

DO NOT SUBMIT DUPLICATE COPIES. IF NO RESPONSE AFTER TWO PAY PERIODS CALL PPSD.

NEW AUTHORIZATION CHANGE AUTHORIZATION CANCELLATION

EFFECTIVE DATE
ON RECEIPT

EMPLOYEE NUMBER										EMPLOYEE NAME			DEPT. NO.	DEPARTMENT NAME	JOB CLASS
SOCIAL SECURITY NUMBER										LAST	FIRST	M.I.			

ENTER MPID HERE \$25.00
DEDUCTION AMOUNT OR PERCENT GOAL AMOUNT
MUNICIPAL EXECUTIVES ASSOCIATION
ORGANIZATION NAME

4 2 - 3 5
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 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, 160 South Van Ness, within 30 days after the occurrence.

Please complete these two lines.

Please complete these two lines

→ ● 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

H/D	DED. NO.	FREQ.	AMOUNT OR %	GOAL	UTILITY
		0			0 0

VERIFY PRECODED UTILITY NUMBERS

FREQUENCY
0 = OFF
9 = EVERY PERIOD

PREPARED BY PHONE DATE
KEYED BY DATE