



San Juan Unified School District
 Payroll Deduction Form
 San Juan Education Foundation

Return To:
 SJUSD, Benefits Department
 P. O. Box 477
 Carmichael, CA 95609-0477

Forms must be received in the Benefits Department by the 5th of the month in order for the payroll deduction to occur at the end of the month. Please make a copy of this form for your own records prior to submission.

Please use this form to initiate, change or cancel your payroll deduction for the San Juan Education Foundation

 Last Name First Name M.I. Social Security Number

 Home Address

 Work Site Location Work Phone e-mail address

PAYROLL DEDUCTION
CHECK ONE ONLY

- New Deduction**
- Change Deduction**
- Cancel Deduction**

Amount of Deduction \$ _____

Deduction to be taken Tenthly 12thly

 Signature

 Date

*I wish to support the San Juan Education Foundation by a payroll deduction contribution. I hereby authorize San Juan Unified School District to deduct from my salaries/wages the amount specified. **I understand that this payroll deduction will remain in effect until cancelled by me.***

Payroll deduction contributions may be tax-deductible. Please consult your tax advisor.

*We're Reaching for the **STARS!***