

Faculty/Staff Payroll Deduction Authorization Form

Name: _____ Date: _____

Department: _____

Please check one of the following boxes:

I would like to begin a payroll deduction.

Beginning _____ (paydate), please deduct _____ from my paycheck.

1st paydate

2nd paydate

Every paydate

**I currently have a payroll deduction to _____ . Please change my
payroll deduction amount to _____ .**

Please cancel my payroll deduction. (Please check which contribution below.)

My contribution should be used for:

Classified Staff Organization (Represents the interests of classified employees at LCSC)

Professional Staff Organization (Represents the interests of all professional staff at LCSC)

Faculty Association (Represents the interests of all faculty at LCSC)

Faculty Association Benevolence Fund (To acknowledge loss and offer condolences to any member of the campus community and to offer financial or material assistance to faculty.)

LCSC Parking Permits (will be deducted over 4 pay dates - \$13.75 a pay period)

LCSC Faculty/Staff Giving (Supports the departments, building projects, scholarships, and other areas at LCSC)

- Gift Designation

Warrior Athletic Association (Major source of funding for Warrior Athletics)

- Annual Fund or Other (sport)

Center for Arts & History (To maintain the quality and variety of CAH exhibitions and programs)

Authorization

I authorize the payroll deduction for the amount indicated above. I understand that this deduction will continue until I notify the Payroll Office otherwise.

Signature: _____

Date: _____