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:
  ___Central Services Classified Senate_____

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.

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(For Payroll staff use)

Date received: _____ Deduction Code: _____

Date entered: _____ By: _____