

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		
MM	/	DD
/	/	YY

EMPLOYEE NUMBER											
SOCIAL SECURITY NUMBER											
M	P	I	D	T	C	D	D	D	D		
LAST			EMPLOYEE NAME FIRST			M.I.	DEPT NO		DEPARTMENT NAME		JOB CLASS

↑  
ENTER MPID HERE    \$ \_\_\_\_\_ %    \$ \_\_\_\_\_  
DEDUCTION AMOUNT    OR    PERCENT    GOAL AMOUNT

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ORGANIZATION NUMBER

ORGANIZATION NAME

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.

\_\_\_\_\_  
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 O Z D C	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 \_\_\_\_\_