PAYROLL DEDUCTION AUTHORIZATION (ACC-F016)

Sacramento City Unified School District

_____   _____   _____   _____
EMPLOYEE LAST NAME   FIRST NAME   INITIAL   SOCIAL SECURITY NUMBER

I hereby authorize Sacramento City Unified School District (the District), my employer, to deduct from my salary each month the amount indicated below. This deduction of $_____ represents 1 of _____ payments required to repay the District the overpaid wages I received totaling the "Net" amount owed to the District of $_____.

This deduction is to continue until the overpaid wages are paid in full or the deduction is changed or cancelled by me in writing at least 30 days prior to the next deduction. I will submit written requests to change or cancel my deduction to the District at:

Sacramento City Unified School District
Accounting Services Department
5735 47th Avenue, Box 802
Sacramento, CA 95824

I request to begin this payroll deduction from my warrant the month of: _____.

THIS AUTHORIZATION IS TO:

☐   START
☐   CHANGE
☐   CANCEL

MY PAYROLL DEDUCTION

Total Amount to be deducted: $_____ per month

Note: Please allow at least 30 days between the request date and the beginning of the following month for processing through the District and to accommodate the District's payroll processing dates.

Employee: _____   _____ _____
               Name   Signature   Date