

Santa Fe College Foundation, Inc.
Payroll Deduction Authorization Form

NAME: _____ SF ID# _____

ADDRESS: _____ EMAIL ADDRESS: _____

New

Change

Cancel (Date: _____)

Deduction for:

Legacy Scholarship (employee funded scholarship for students) Deduction Code HD

Other established Scholarship (for: _____) Deduction Code HD

Fine Arts Seats (minimum amount for a seat \$1,000) Deduction Code HI

Fine Arts Members/Patrons (minimum membership fee \$100 per year) Deduction Code HC

Student Program Support (for: _____)

- International Education Program: Deduction Code HX
- Student Affairs Emergency Fund: Deduction Code HE
- Nursing Emergency Fund: Deduction Code HP

Other (for: _____) **Please contact Office for Advancement extension 5200 to discuss*

Per Pay Period Deduction Amount *\$ _____ or % _____ (Bi-Monthly pay periods) **Represents total amount to be deducted per payroll.*

I understand this deduction will continue until I submit a written CANCELLATION REQUEST to the SF Benefits Office.

Signature: _____ **Date:** _____

Original: Human Resources (RA 100)
Copy: Santa Fe College Foundation (F-207)
Copy: Santa Fe College Payroll (F-026)
Copy: Santa Fe College Employee