



# PAYROLL DEDUCTION FORM FOR A DONATION TO THE LAS POSITAS COLLEGE (LPC) CLASSIFIED SENATE ACCOUNT



- I authorize the Chabot-Las Positas Community College District Payroll Department to deduct \$ \_\_\_\_\_ from my monthly paycheck as a contribution to the LPC Classified Senate account.
- I would like to change the amount of my current monthly contribution to the LPC Classified Senate account from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ and authorize the Chabot-Las Positas Community College District Payroll Department to deduct this adjusted amount from my monthly paycheck.
- I would like to cancel my contribution to the LPC Classified Senate account.

**I understand that my monthly payroll deduction will continue until the District Payroll Department receives my signed notification of cancellation.**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee W#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Requests submitted by the 15<sup>th</sup> of the month should reflect on the employee's next paycheck.

**PLEASE SUBMIT THIS FORM TO KATHLEEN CRAMSEY, [kcramsey@clpccd.org](mailto:kcramsey@clpccd.org).**