



San Juan Unified School District  
 Payroll Deduction Form  
 San Juan Education Foundation

Return To:  
 SJUSD, **Benefits Department**  
 P. O. Box 477  
 Carmichael, CA 95609-0477

*Forms must be received in the Benefits Department by the 5<sup>th</sup> of the month in order for the payroll deduction to occur at the end of the month. Please make a copy of this form for your own records prior to submission.*

**Please use this form to initiate, change or cancel your payroll deduction for the San Juan Education Foundation**

Last Name	First Name	M.I.	Social Security Number
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Home Address

Work Site Location	Work Phone	e-mail address
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**PAYROLL DEDUCTION  
 CHECK ONE ONLY**

- New Deduction**
- Change Deduction**
- Cancel Deduction**

Amount of Deduction      \$ \_\_\_\_\_

Deduction to be taken      Tenthly     12thly

Signature

Date

*I wish to support the San Juan Education Foundation by a payroll deduction contribution. I hereby authorize San Juan Unified School District to deduct from my salaries/wages the amount specified. **I understand that this payroll deduction will remain in effect until cancelled by me.***

*Payroll deduction contributions may be tax-deductible. Please consult your tax advisor.*

*We're Reaching for the **STARS!***