

## Employee Contributions Program

As employees of the District we see our students struggle with the costs of tuition, textbooks, living expenses, child care, and more in order to accomplish their academic goals. Contributions from faculty and staff members across the District help students realize their dreams.

### YES! I want to support the District's students with a gift

Payroll Deduction Authorization / Cancellation

Purpose:	Enroll	Change	Cancel		
Last Name	First Name		Middle Initial	G #	Date
Home address	City			State	Zip

(Please use options below to set up a new deduction or make a change to an existing deduction)

Please continuously deduct: \$ \_\_\_\_\_ each pay period (\$10 minimum per pay period)

*To be deducted in equal pay period deductions until cancelled by contributor*

Effective date of my (circle one) deduction / cancellation

I wish to remain anonymous, please do not print my name in any donor recognition

I wish to cancel my payroll deduction

Use my gift where the need is greatest

OR, designate my gift for:      Cañada College      College of San Mateo      Skyline College      SMCCC Foundation

AND for the following funds (*fund amounts should add up to total deduction listed above*):

SMCCC Foundation Annual Campaign for Student Success ( <i>indicate SMCCC Foundation above</i> ).....	\$
Scholarship Fund ( <i>indicate SMCCC Foundation and/or college(s) above</i> ).....	\$
President's Innovation Fund ( <i>indicate college(s) above</i> ).....	\$
Promise Scholarship ( <i>indicate college(s) above</i> ).....	\$
Other ( <i>indicate fund, may be more than one</i> )	\$

I hereby authorize the San Mateo County Community College District (District) to deduct contributions from my payroll earnings as an employee of the District and to submit these deductions to the San Mateo County Community Colleges Foundation (Foundation) as elected, in satisfaction of my gift. This authorization is effective with my first payroll earnings following the effective date listed above. I understand that I may cancel this deduction at any time. I understand that this authorization shall remain in effect until satisfaction of my gift is made, or until revoked by me, allowing up to 30 days' time to change the payroll records in order to make effective any changes in this assignment. I understand further and agree that neither the District, the Foundation nor any officer or employee thereof shall be held responsible or liable for any inadvertence or error in withholding or transmitting payroll deductions or for any change in the rules or regulations, except from monies actually withheld and not transmitted in the event there are insufficient earnings to cover all required and authorized deductions, including those required legally.

Employee Signature

Date



Return form to:  
wardent@smccd.edu  
or SMCCC Foundation,  
3401 CSM Drive, San Mateo, CA 94402

\*Note: items in red are required.