

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
 I work at: District Office Cañada College College of San Mateo Skyline College

Use my gift where the need is greatest

OR, designate my gift for the following fund:

Please contact Tykia Warden, Executive Director, at wardent@smccd.edu or 650.358.6860 with questions about the Foundation's funds.

(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.

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. This authorization does not cover deductions for any time prior to the payroll period in which the initial deduction is made. 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 for 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