

MIRACOSTA COMMUNITY COLLEGE DISTRICT
FACULTY ASSEMBLY (FA) - PAYROLL DEDUCTION FORM – FY 2022-2023

PERCENT OF GROSS PAY DEDUCTION

Monthly deduction of _____% to be drafted each month.

Percent Deduction Effective Until: _____ (blank for ongoing)

*New selection will cancel previous payroll contributions to the FA.

FIXED DOLLAR AMOUNT DEDUCTION

Monthly deduction of \$_____ for 12 months (July – June)

Monthly deduction of \$_____ for 10 months (August – May)

Deduction Effective Until: _____ (blank for ongoing)

*New selection will cancel previous payroll contributions to the FA.

Employee Name (Print)

Employee ID Number or last 4 of SSN

Signature (type your name as your signature)

Date

FOR PAYROLL USE ONLY:

Payroll Date _____ Initials _____

Completed forms may be sent to Payroll MS#14 or emailed to payroll@miracosta.edu