

Payroll Deduction Authorization

SOCIAL SECURITY NUMBER <small>(LAST FOUR DIGITS):</small>	NAME (LAST, FIRST, MIDDLE INITIAL)	<i>PRINT LEGIBLY OR TYPE</i>
EFFECTIVE AS OF CHECK DATE:	NEW DEDUCTION <input type="checkbox"/> CHANGE DEDUCTION <input type="checkbox"/> CANCEL DEDUCTION <input type="checkbox"/>	

CODE	TYPE	AMOUNT	CODE	TYPE	AMOUNT
Charitable Contributions			IAM		
080	United Way	F .	050	IAM FT Dues	T <input type="checkbox"/>
081	Community Health Charities	F .	049	IAM PT Dues	T <input type="checkbox"/>
082	LB Community Foundation	F .	055	IAM Supplemental	F .
083	LB Community Foundation Homeless Fund	F .	088	IAM MNPL	F .
085	Brotherhood Crusade	F .	AEE		
105	Public Corp for Arts	F .	091	Engineer FT Dues	T <input type="checkbox"/>
IBEW			096	Engineer PT Dues	T <input type="checkbox"/>
063	Supervisory - FT Dues	T <input type="checkbox"/>	FIRE		
064	Supervisory - PT Dues	T <input type="checkbox"/>	051	Fire Dues	T <input type="checkbox"/>
097	Skilled & General - Dues	T <input type="checkbox"/>	054	Firefighter Benefit Fund	T <input type="checkbox"/>
			056	Fire Supplemental	F .
SEIU			090	Fire Insurance	T <input type="checkbox"/>
089	SEIU – COPE	F .	LGA		
098	SEIU Dues	T <input type="checkbox"/>	053	Lifeguard Dues-Full Time	T <input type="checkbox"/>
099	SEIU Supplemental	F .	153	Lifeguard Dues-Part Time	T <input type="checkbox"/>
POA			Management		
052	POA Dues	T <input type="checkbox"/>	059	Management Dues	T <input type="checkbox"/>
057	POA Supplemental	F .	092	P.D. Management Dues	F .

I hereby authorize the Department of Financial Management to make the above-indicated payroll deductions in the amounts and on the pay date specified from salary or wages earned and due to me. I understand such deductions will be paid to the appropriate agent duly designated by the City and such deductions shall continue until I otherwise notify the Department of Financial Management in writing. Adjustments may be made to increase or decrease the amounts specified for deductions identified above by the City's Coding System, provided that the method, manner and amount of each such adjustments is in full compliance with the applicable laws or administrative rules and regulations of the City. I further understand that any deductions for medical/dental care, allowable by law, will be deducted on a pre-tax basis. I hereby release the City of Long Beach, its officers, agents and employees from any and all responsibility for any loss, expenses, damages, or claims of any kind resulting from or in connection with the deductions or payments authorized.

DEPARTMENT/DIVISION NAME	EMPLOYEE SIGNATURE	DATE