

Yes! I would like to donate to the
Fresno Unified Scholarship Fund
To invest in the success of Fresno Unified Students

Election for Voluntary Payroll Deduction to Fresno Unified Scholarship Fund

Employee Name: (Please Print) _____ Employee ID: _____

Employee Work Location: _____

Please start my deduction effective _____ (MM/DD/YYYY)

In the amount of \$ _____ .00 (whole dollars only, no cents)

Deduction Frequency: One-Time Monthly

I understand that a monthly deduction will remain in effect until I cancel it in writing, and within the payroll department's data entry deadlines. A one-time deduction will be taken on the next payroll check after the receipt of the request.

Signature: _____ Date: _____

PLEASE SEND COMPLETED FORM TO PAYROLL OFFICE (ED CENTER). THANK YOU!

For Department Use Only:

Date Received in Payroll Department:

Deduction set up by: _____ on _____ (date)