

PAYROLL DEDUCTION FORM

Employee Name: _____

SID or SSN: _____

Home Address: _____

Payroll Deduction Per Pay Period: _____ Total Annually: _____
(Minimum \$5 Per Pay Period)

Beginning Date: _____

Ending Date: _____

Employee Signature

Pierce's Greatest Need Scholarships

Other _____

Please return to the Pierce College Payroll office and send a copy to the Pierce College Foundation through inner-office mail.