

COUNTY OF SACRAMENTO

Dues Deductions Authorization

Employee Name: _____ Department: _____

Personnel #				Rep Unit #			
0				0	3	4	
Social Security #							
X	X	X	X	X	X	X	X

Wage Type		Amount	Number	Unit Code
4	3 3 4		1	34 A

Type of action (please choose one):

- Initial Sign Up*
 Cancel Deduction* for _____
 Change Only

Pay Period Effective: _____

Parking Deductions

Downtown

By checking this box, I elect to participate in Sacramento County's downtown pre-tax parking plan.

UC Davis

By checking this box, I elect to participate in Sacramento County's UC Davis parking plan.

I hereby authorize the County Department of Finance to begin making a payroll deduction of _____ per pay period, not to exceed _____ in any six month period. Under this election, my parking privileges under the plan will begin on _____ and will continue for each two-week period thereafter. If I choose to discontinue my participation in the plan, my parking privileges will cease at the end of that pay period and the payroll deduction will cease in the pay period immediately thereafter. To discontinue my participation in the plan, I must provide written notice by completing another one of these forms and delivering it to the Sacramento County Parking Enterprise.

Union Deductions

By checking this box, I hereby authorize the County of Sacramento to deduct each payday the sum indicated above as certified by my Representation Unit as the current dues deduction or fair share service fee, or an amount as may hereafter be established by the Representation Unit as the current dues deduction or fair share fee; and remit the same to my Representation Unit or appropriate charitable organization. This authorization shall be effective until revoked by written notice to my Representation Unit or upon the date of termination of the agreement between the County and the Representation Unit. I agree to hold the County of Sacramento harmless from all claims, demands, suits or other forms of liability that may arise against the County for or on account of the deduction from my wages.

Employee Signature and Date

Designated Authority and Date

Personnel Services Approval and Date

*Employee signature required for initial set-up or cancellation.

