

# COUNTY OF SACRAMENTO

## Fair Share Deductions Authorization

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Personnel #							Rep Unit #		
0							0		

Wage Type				Amount	Number	Unit Code

Position Title: \_\_\_\_\_

**Type of action (please choose one):**

<input type="checkbox"/>	Initial Sign Up*	Pay Period Effective: _____
<input type="checkbox"/>	Cancel Deduction* for _____	
<input type="checkbox"/>	Change Only	

### Parking Deductions

Downtown	UC Davis
<input type="checkbox"/> By checking this box, I elect to participate in Sacramento County's downtown pre-tax parking plan.	<input type="checkbox"/> 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.