

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			
082	LB Community Foundation	F		050	IAM FT Dues	T	<input type="checkbox"/>
083	LB Community Foundation Homeless Fund	F		049	IAM PT Dues	T	<input type="checkbox"/>
084	Long Beach Gives	F		055	IAM Supplemental	F	
105	Public Corp for Arts	F		088	IAM MNPL	F	
				AEE			
				091	Engineer FT Dues	T	<input type="checkbox"/>
				096	Engineer PT Dues	T	<input type="checkbox"/>
IBEW				FIRE			
063	Supervisory - FT Dues	T	<input type="checkbox"/>	051	Fire Dues	T	<input type="checkbox"/>
064	Supervisory - PT Dues	T	<input type="checkbox"/>	054	Firefighter Benefit Fund	T	<input type="checkbox"/>
097	Skilled & General - Dues	T	<input type="checkbox"/>	056	Fire Supplemental	F	
				090	Fire Insurance	T	<input type="checkbox"/>
SEIU				LGA			
089	SEIU – COPE	F		053	Lifeguard Dues-Full Time	T	
098	SEIU Dues	T	<input type="checkbox"/>	153	Lifeguard Dues-Part Time	T	
099	SEIU Supplemental	F		MANAGEMENT			
POA				059	Management Dues	T	<input type="checkbox"/>
052	POA Dues	T	<input type="checkbox"/>	OTHER			
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