

ACADEMIC SENATE

PAYROLL DEDUCTION DONATION FORM

Dear Colleagues,

The Solano Community College Academic Senate would like for you to consider making monetary donation. Primarily, donations support senate-related activities not otherwise directly supported by the College, including the Distinguished Faculty Award, Tenure Teas, guest speakers, and sabbatical presentations. Donations may also support the work of senate taskforces, special meetings of the senate, or other senate-related activities. All funds are designated by the senate and/or its executive committee through public meetings, including action by the body, where appropriate. We greatly appreciate any amount you donate and thank you for your support.

Academic Senate

	EMPLOY	'EE INFORMATIOI	N	
First Name:	Last Na	ame		
Employee ID:	Phone:			
Address:				
	NE\	W DONATION		
I authorize a pledge of \$	_ per pay period	beginning	through a pa	yroll deduction. I
understand that this payroll deducti	on shall remain i	in force until I revol	ke it by notice to	SCC.
RE	ISION TO EXIS	TING PAYROLL D	EDUCTION	
I authorize a payroll deduction incre beginning	ease of \$	for a total dedu	uction of \$	per pay period
	DONATIO	ON CANCELATIO	N	
Cancel my deduction of \$	as of			
Signature			[Date
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