CITY OF LONG BEACH

Payroll Deduction Authorization

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS):	NAME (LAST, FIRST, MIDDLE INITIAL) *PRINT LEGIBLY OR TYPE*
	, ,
EFFECTIVE AS OF CHECK DATE:	NEW DEDUCTION ☐ CHANGE DEDUCTION ☐ CANCEL DEDUCTION ☐

CODE	TYPE		AMOUNT	CODE	TYPE		AMOUNT
Charitable Contributions				**IAM**			
080	United Way	F	.	050	IAM FT Dues	T	☐
081	Community Health Charities	F	.	049	IAM PT Dues	T	☐
082	LB Community Foundation	F	.	055	IAM Supplemental	F	.
083	LB Community Foundation Homeless Fund	F	.	**AEE**			
085	BrotherhoodCrusade	F	.	091	Engineer FT Dues	T	☐
105	Public Corp for Arts	F	.	096	Engineer PT Dues	T	☐
IBEW				**FIRE**			
063	Supervisory - FT Dues	T	☐	051	Fire Dues	T	☐
064	Supervisory - PT Dues	T	☐	054	Firefighter Benefit Fund	T	☐
097	Skilled & General - Dues	T	☐	056	Fire Supplemental	F	.
095	Skilled & General Supplemental	F	.	090	Fire Insurance	T	☐
SEIU				**LGA**			
098	SEIU Dues	T	☐	053	Lifeguard Dues	F	.
099	SEIU Supplemental	F	.				
POA				**Management**			
052	POA Dues	T	☐	059	Management Dues	T	☐
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

Distribution: Original-Central Payroll