Santa Fe College Foundation, Inc.
Payroll Deduction Authorization Form

NAME: ___________________________________________________________________________      SF ID# ____________________________

ADDRESS: __________________________________________________________________________________EMAIL ADDRESS: ____________________________

☐ New       ☐ Change       ☐ Cancel (Date: ______________)

Deduction for:

☐ Legacy Scholarship (employee funded scholarship for students) Deduction Code HD
☐ Other established Scholarship (for: _______________________________________________________) Deduction Code HD
☐ Fine Arts Seats (minimum amount for a seat $1,000) Deduction Code HI
☐ Fine Arts Members/Patrons (minimum membership fee $100 per year) Deduction Code HC
☐ Student Program Support (for: _________________________________________________________)
  • International Education Program: Deduction Code HX
  • Student Affairs Emergency Fund: Deduction Code HE
  • Nursing Emergency Fund: Deduction Code HP
☐ Other (for: _________________________________________________________) *Please contact Office for Advocacy extension 5200 to discuss

Per Pay Period Deduction Amount *$________________ ______%________________________ (Bi-Monthly pay periods) *Represents total amount to be deducted per payroll.

I understand this deduction will continue until I submit a written CANCELLATION REQUEST to the SF Benefits Office.

Signature: ___________________________________________________   Date: ________________

Original: Human Resources (RA 100)
Copy: Santa Fe College Foundation (F-207)
Copy: Santa Fe College Payroll (F-026)
Copy: Santa Fe College Employee