

# AMENDED EMPLOYEE PAYROLL DEDUCTION

## Employee Information

Employee ID: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

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

TMCC Location/Office: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

I request that an additional \$\_\_\_\_\_ per month be deducted from my Truckee Meadows Community College payroll check in support of the TMCC Foundation for a total of \$\_\_\_\_\_ per month.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_  
Date                                      Employee Signature

## Commencement of Payroll Deduction

### Professional Staff

I wish the deductions to begin with my paycheck for the month of \_\_\_\_\_.  
(Due to payroll cut off dates, deductions may start one month later than requested.)

### Classified Staff

The deduction will be taken from the paycheck on the 10<sup>th</sup> and the 25<sup>th</sup> of each month.

## Instructions

Please return completed form to the TMCC Foundation Office located in the Red Mountain Building (RDMT) 201A. If you have any questions or would like to designate your contribution, please call the Foundation at 775-674-7648.

**Thank you for your support!**