

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 25th 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!