

**Sacramento City Teachers Association**  
**Educational Employees Scholarship Fund**

**PAYROLL DEDUCTION AUTHORIZATION for the  
SCTA Scholarship Fund**

**(PLEASE PRINT)**

Employee Name: \_\_\_\_\_ SS4 #: XXX - XX -  
(MATCH YOUR NAME TO PAYROLL RECORDS) (LAST 4 DIGITS ONLY)

Certificated \_\_\_\_\_ Classified \_\_\_\_\_ Management \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize, until revoked by me in writing, voluntary deductions from my earnings in the following amount per pay period, beginning on the 1<sup>st</sup> day of \_\_\_\_\_ in the year of \_\_\_\_\_.  
(MONTH) (YEAR)

**Amount:** \$1.00 \_\_\_ \$2.00 \_\_\_ \$3.00 \_\_\_ \$5.00 \_\_\_ \$10.00 \_\_\_ Other \_\_\_\_\_

(Your signature and date are required to authorize your payment by monthly payroll deduction.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School or Site: \_\_\_\_\_

In memory or in honor of: \_\_\_\_\_

**SCUSD Payroll:** This is a ten-month deduction (September through June). If a scholarship deduction is already in place the amount on this form shall replace the current deduction on file. If submitted to payroll after the payroll lock date of the month specified, the deduction shall begin the following month. This voluntary deduction shall remain in place year-to-year unless revoked in writing by the employee or employment is terminated.

**Please return completed forms to SCTA for processing.**  
**Scan and email to: [SCTA@SacCityTA.com](mailto:SCTA@SacCityTA.com)**