

ACADEMIC SENATE

PAYROLL DEDUCTION DONATION FORM

Dear Colleagues,

The Solano Community College Academic Senate would like for you to consider making a monetary donation. Primarily, donations support senate-related activities not otherwise directly supported by the College, including the Distinguished Faculty Award, Tenure Teas, student scholarships, guest speakers, and sabbatical presentations. Donations may also support the work of senate taskforces, special meetings of the senate, or other senate-related activities. All funds are designated by the senate and/or its executive committee through public meetings, including action by the body, where appropriate. We greatly appreciate any amount you donate and thank you for your support.

Academic Senate

	EMPLO	OYEE INFORMATI	ION		
First Name:	Last Name				
Employee ID:	Phone:_				
Address:					
	N	IEW DONATION			
I authorize a pledge of \$	per pay period beginning		through a p	_through a payroll deduction. I	
understand that this payroll de	eduction shall remai	in in force until I rev	voke it by notice	to SCC.	
Optional: I would like \$	of my per pay pe	eriod donation to be	e for student scho	olarships.	
	REVISION TO EX	ISTING PAYROLL	DEDUCTION		
I authorize a payroll deduction beginning	n increase of \$	for a total de	duction of \$	per pay period	
Optional: I would like \$	of my per pay pe	eriod donation to be	e for student scho	olarships.	
Signature				Date	

PLEASE RETURN COMPLETED FORM TO
Solano Community College Payroll Department
4000 Suisun Valley Road
Fairfield, California 94534