

PRINT

DED-ORG
CODES

SURNAME

FIRST

MI

SOCIAL SECURITY #

Campus Email

Campus ID

CALIFORNIA STATE UNIVERSITY, STANISLAUS

I hereby authorize the State Controller to deduct from my salary and transmit as designated an amount for parking fees which are authorized by the CSU Board of Trustees.

The authorization will remain in effect until cancelled by myself or the agency. Cancellation must be done in person at University Police.

I certify I am an employee of California State University, Stanislaus and understand that termination from employment will cancel all deductions under this authorization.

Signed _____

Date _____

ADD DELETE CHANGE

INITIALS _____