

Tulare County Office of Education



F O U N D A T I O N

Authorization for Voluntary Deduction

Employee's Name (please print): _____

Employee's Social Security Number (last four digits): XXX-XX- _____

Amount to be donated monthly (10 months per year) is \$ _____

(This amount will be deducted and donated on a ten-month basis from September through June)

If you are signing up after September, in which month do you wish to begin your donation? _____

Do you want your donation to support a particular TCOE program or event? Yes No

If so, please indicate: _____

I hereby request that the Tulare County Office of Education deduct from my monthly salary the amount indicated above to be donated to the Tulare County Office of Education Foundation (TCOE Foundation #4966).

Employee's Signature: _____ Date: _____

Please return this form to Tulare County Office of Education Human Resources Division