

**AUDITOR-CONTROLLER
GENERAL DEDUCTION REQUEST FORM**



Date: _____ **Effective Pay Period:** _____

Dept: _____ **Empl Id:** _____

Requested By: _____ **Phone:** _____

Employee Name: _____
(Please print Last Name, First Name)

Select the appropriate general deduction and attach appropriate backup documentation.

Description	X	Amount	Comments
DA Association Dues			Signed form must be attached
LEMU Association Dues			Signed form must be attached
California Probation, Parole, & Corrections Association (CPPCA) Dues			Signed form must be attached
Rideshare			
Vanpool			
Deferred Comp Fees			
Deferred Comp One-Time Override			Signed form must be attached
FSA Administrative Fees			
Supplemental Life Insurance			Signed form must be attached
Employee Campaign Contributions			Signed form must be attached
SEIU Dues Adjustment			
LIUNA Dues Adjustment			
CalPERS Long Term Care (LTC)			
MSCDBT – CalPERS Miscellaneous Debt Service			
MSCDMF– CalPERS Miscellaneous Debt Service			
MSCFXD– CalPERS Miscellaneous Debt Service			
SFYDBT– CalPERS Safety Debt Service			
SFYDMF– CalPERS Safety Debt Service			
SFYFXD– CalPERS Safety Debt Service			
Other:			

General Deduction request are due to ACO_Payroll by 12:00 pm on non-pay day Tuesday for the current pay period. Request received after that time will be processed for the following pay period.

ACO_PAYROLL USE ONLY

Signature (Central Payroll Processor) **Date** **Pay Period Processed**

Verified by

Effective 10/2011