

# NOTICE TO THE STATE CONTROLLER OF PAYROLL DEDUCTION AUTHORIZATION

The State Controller is hereby authorized to add, delete, or change the payroll deduction for the below-named employee.

(FILL-IN FORM (USE TAB TO MOVE BETWEEN FIELDS), OR PRINT TYPE OR HAND WRITTEN FORM BELOW)

NAME OF COMPANY OR ORGANIZATION

EMPLOYEE IDENTIFICATION		
Social Security Number	Initial	Last Name

DEDUCTION INFORMATION							
Deduction Code	Organization Code	Deduction Amount	Type of Change (check ONE box)			Pay Period	
			NEW	DELETE	CHANGE	Month	Year
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		

I CERTIFY THAT AUTHORIZATION FOR PAYROLL DEDUCTIONS SIGNED BY THIS EMPLOYEE AND APPOINTING THE ABOVE-NAMED COMPANY OR ORGANIZATION AS HIS/HER AGENT IS ON FILE IN THIS OFFICE.

OFFICE USE ONLY

OFFICE USE ONLY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION OFFICIAL

DO NOT SEND TO THIS ADDRESS, PLEASE USE THE ADDRESS ON THE INSTRUCTIONS

PHONE NUMBER: \_\_\_\_\_ OFFICE USE ONLY

Send to: State Controller's Office, Personnel/Payroll Services Division, PO Box 942850, Sacramento CA 94250-5878, Attn: Miscellaneous Deductions Unit.

# FORM CD88 COMPLETION INSTRUCTIONS

The Form CD88 must be completed (type, hand written (legible) or fill-in form (use tab to move between fields)) as outlined below to add, change the amount, or delete the employee's deduction.

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OF PAYROLL DEDUCTION AUTHORIZATION**

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(FILL- IN FORM (USE TAB TO MOVE BETWEEN FIELDS) OR  
PRINT TYPE OR HAND WRITTEN FORM)

NAME OF COMPANY OR ORGANIZATION					
A					

  

EMPLOYEE IDENTIFICATION					
Social Security Number	Initial	Last Name			
B	C	D			

  

DEDUCTION INFORMATION							
Deduction Code	Organization Code	Deduction Amount	Type of Change (check ONE box)			Pay Period	
			NEW	DELETE	CHANGE	Month	Year
E	F	G	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	I	J

H

I CERTIFY THAT AUTHORIZATION FOR PAYROLL DEDUCTIONS SIGNED BY  
THIS EMPLOYEE AND APPOINTING THE ABOVE-NAMED COMPANY  
OR ORGANIZATION AS HIS/HER AGENT IS ON FILE IN THIS OFFICE.

K \_\_\_\_\_ DATE      L \_\_\_\_\_ SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION OFFICIAL

PHONE NUMBER: \_\_\_\_\_ M \_\_\_\_\_

Send to: State Controller's Office, Personnel/Payroll Services Division, PO Box 942850, Sacramento CA 94250-5878, Attn: Miscellaneous Deductions Unit.

FORM CD88 (rev. 3/07) PAYROLL DEDUCTION AUTHORIZATION

**PLEASE SEND FORM TO THIS ADDRESS**

Mail to: Kathy Odenwald x 2914  
Gift Processing Department  
University Development  
Building 1-211

**Name of Company or Organization**  
A Enter the deduction client name as recorded with SCO.

**Social Security Number**  
B Enter the employee's Social Security Number

**Initials**  
C Enter the employee's first and middle initials.

**Last Name**  
D Enter the employee's full last name.

**Deduction Code**  
E Enter your assigned three (3) digit Deduction Code number.

**Organization Code**  
F Enter your assigned three (3) digit Organization Code number.

**Deduction Amount**  
G Enter the total *monthly* amount that is to be withheld from the employee's pay. Leave blank when deleting.

**Type of Change**  
H Check only one box: NEW, DELETE, or CHANGE.

**Pay Period - Month**  
I Enter the numerical month of the effective pay period (e.g., '01' for January).

**Pay Period - Year**  
J Enter the last two digits for the year (e.g., '07' for 2007).

**Date**  
K OFFICE USE ONLY - PLEASE LEAVE BLANK  
**Signature of Authorized Company or Organization Official**  
L OFFICE USE ONLY - LEAVE BLANK

**Phone Number**  
M OFFICE USE ONLY - LEAVE BLANK