



St. Petersburg College
Leepa-Rattner Museum of Art Contribution
Payroll Deduction Form

Employee ID Number: _____

Title: _____

Name: _____

Campus/Dept. _____

SPC E-mail: _____

For Support

Please complete the following information:

Member's Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Telephone: _____

E-mail: _____

For payroll deduction, please complete
this section and sign below:

Note that payroll deduction is not available
for adjunct faculty due to payroll periods.

Effective immediately, please deduct \$ _____
per pay period until revoked by me.

Employee Signature

Date: _____

Campus Extension # : _____

For official use only: 1st Pay Date: _____ PS Date: _____ Continuous: Y ___ N ___

Send completed form via campus mail to Human Resources. THANK YOU!