

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		
S ocial Security Number <div style="text-align: center;"> </div>	Initial <div style="text-align: center;"> </div>	Last Name <div style="text-align: center;"> </div>

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

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.

_____ DATE

_____ SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION OFFICIAL

PHONE NUMBER: _____

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

M PHONE NUMBER: _____

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

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

- 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 Current date will be displayed.

- Signature of Authorized Company or Organization Official**
L Must be the original signature of the person authorized to sign Form CD88.

- Phone Number**
M Please enter area code + phone number using numerical characters only, e.g., enter (222) 333-4444 as 2223334444