MUST BE PRINTED ON BLUE PAPER
FAIR SHARE

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)

FAIR SHARE SECTION

Check ONE Box

☐ Fair Share Fee Deduction

☐ Fair Share Alternative Deduction (attach required document)

NAME OF COMPANY OR ORGANIZATION

EMPLOYEE IDENTIFICATION

Social Security Number	Initital	Last Name

DEDUCTION INFORMATION

Deduction Code	Organization Code	Deduction Amount	Type of Change (check ONE box)			Pay Period	
			NEW	DELETE	CHANGE	Month	Year
			1 ☐	2 ☐	3 ☐		

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 CD88A COMPLETION INSTRUCTIONS

The Form CD88A 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.

MUST BE PRINTED ON BLUE PAPER
FAIR SHARE

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)

FAIR SHARE SELECTION

Check ONE Box

☐ Fair Share Fee Deduction   A   ☐ Fair Share Fee Alternative Deduction (attach required document)

NAME OF COMPANY OR ORGANIZATION

B

EMPLOYEE IDENTIFICATION

Social Security Number	Initial	Last Name
C	D	E

DEDUCTION INFORMATION

Deduction Code	Organization Code	Deduction Amount	Type of Change (check ONE box)			Pay Period	
			NEW	DELETE	CHANGE	Month	Year
F	G	H	1 ☐	2 ☐	3 ☐	J	K

I

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.

L
DATE

M
SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION OFFICIAL

PHONE NUMER: N

FORM CD88A (rev. 8/07) PAYROLL DEDUCTION AUTHORIZATION FAIR SHARE

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

Fair Share Selection

A   Check either Fair Share Fee Deduction or Fair Share Fee Alternative Deduction box

Name of Company or Organization

B   Enter the deduction client name as recorded with SCO.

Social Security Number

C   Enter the employee's Social Security Number

Initials

D   Enter the employee's first and middle initials.

Last Name

E   Enter the employee's full last name.

Deduction Code

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

Organization Code

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

Deduction Amount

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

Type of Change

I   Check only one box: NEW, DELETE, or CHANGE.

Pay Period - Month

J   Enter the numerical month of the effective pay period (e.g., '01' for January).

Pay Period - Year

K   Enter the last two digits for the year (e.g., '07' for 2007).

Date

L   Current date will be displayed.

Signature of Authorized Company or Organization Official

M   Must be the original signature of the person authorized to sign Form CD88.

Phone Number

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

(Rev. 8/07)