

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.

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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(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

B

Initial

C

Last Name

D

DEDUCTION INFORMATION

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

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