



**CITY COLLEGES  
of CHICAGO**  
Education that Works

**CCC VOLUNTARY PAYROLL DEDUCTION  
FOR  
CITY OF CHICAGO DEPARTMENT OF FINANCE INDEBTEDNESS**

I, \_\_\_\_\_, authorize the Board of Trustees of Illinois Community College District No. 508 commonly known as City Colleges of Chicago, its officers and employees (“the Board”), to deduct from my bi-weekly paycheck the sum of \$\_\_\_\_\_ (*minimum \$50.00, rounded up to the nearest \$5*) per payroll period commencing with the next scheduled payroll for a maximum of twelve (12) consecutive payroll periods until the total debt from the City of Chicago Indebtedness report in the amount of \$\_\_\_\_\_ (*Must be current complete reported amount*) is reached. I authorize the Board to pay deducted amounts to: City of Chicago, Department of Finance, 121 North LaSalle Street, Room 107, Chicago, IL 60602, (312) 604-7100 so that said amounts may be credited to past-due municipal fines assessed against me by the City of Chicago.

*This Voluntary Payroll Deduction will make you compliant with the Work Rule but **WILL NOT** prevent:*

*City Enforcement Actions such as:*

- *Driver’s license suspension*
- *Vehicle immobilization (Boot or towing)*
- *Water shut-off.*

**You must be on a Department of Revenue Payment Plan to prevent further enforcement actions by the City.**

I am making this authorization to ensure my compliance with the Board’s public scofflaw policy and related policies and work rules. I represent to the Board that these municipal fines have not been discharged in bankruptcy. I understand that this authorization is one option available to me with respect to municipal fines assessed against me by the City of Chicago and that I am making this authorization freely and voluntarily. **I further understand that if CCC is unable to deduct from my paycheck the bi-weekly voluntary deduction amount in any pay period due to insufficient funds, I will be considered non-compliant with the Work Rule.**

All sections must be complete to process this withholding request.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Department of Revenue Cost Recovery #

\_\_\_\_\_  
College/Work Location

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone Number (Day)