

EMPLOYEE PAYROLL DEDUCTION

Instructions: Please return completed form to the TMCC Foundation Office located in the Red Mountain Building, room 200 J. If you have any questions, please call the Foundation at 775-674-7648.

☐ New Payroll Deduction ☐ Change Existing Payroll Deduction							
Employee Information							
Employee ID	First Name	Mi	ddle Name	Last Name			
Employee Title	1	<u> </u>	Email Address	I			
TMCC Departm	ent	Lo	cation/Office	Pł	none Number		
Home Addres	s: Street	City		L_	State	Zip Code	
I request that \$ per month be deducted from my Truckee Meadows Community College payroll check in support of the TMCC Foundation.							
Commencement of Payroll Deduction Professional Staff: I wish the deductions to begin with my paycheck for the month of (due to payroll cut off dates, deductions may start one month later than requested). Classified Staff: The deduction will be taken from the paycheck on the 25th of each month.							
Please design	ate my contribution to the following:						
☐ Faculty & Staff Innovation Grants			☐ Health Sciences Program				
☐ Faculty Education Fund			☐ Applied Technology Programs				
(scholarship for classified employees and families)			☐ Classified Council Fund				
☐ TMCC Student Scholarships			☐ Educational Excellence				
☐ Student Emergency Resource Fund			☐ Success First				
☐ Veterans Resource Center			☐ Athletics				
☐ Part-Tim	e Faculty Fund						
If you are interested in supporting another area, please contact the Foundation at 775-674-7648.							
Signature	Signature Date						

Thank You for Your Support!