

## Payroll Deduction Authorization

The Cajon Valley Education Foundation is a non-profit foundation established in 1985 to provide funds for programs that were underfunded or unfunded altogether. Programs funded by the Foundation include areas of math and science, computers and technology, cultural and performing arts, as well as library and media services. The Foundation also funds teacher grants, the Stars in Education recognition program, and student service awards at Cajon Valley schools.

In addition to the Foundation’s fundraising event, *Cajon Valley’s Got Talent*, these excellent programs are all financed, in addition, from contributions to the Cajon Valley Education Foundation. If you have a child or grandchild in the school district, in all likelihood, he or she has already benefitted from Foundation-funded programs.

Quality education is not an expense; it is an investment. A valuable investment for the future is in those who *are* the future: our children.

The need to provide enriching educational programs for the children of the Cajon Valley Union School District remains as strong as ever, as does the need for new and continued membership contribution. You can help by becoming a Foundation Member. Help create and sustain an enriched school curriculum for the children of Cajon Valley. Please complete the form below and return to CVUSD’s Payroll Department. Thank you.

<input type="checkbox"/> Administrative <input type="checkbox"/> Certificated <input type="checkbox"/> Classified	Name:	
	Employee ID or SS#:	School Site/Department:
I request \$: _____ deductions from my month pay effective date : _____. <input type="checkbox"/> 10-monthly deductions (September-June) <input type="checkbox"/> 11-monthly deductions (August-June) <input type="checkbox"/> 12-monthly deductions (July-June)		Please Indicate: <input type="checkbox"/> New Member / Add Deduction <input type="checkbox"/> Continued Payroll Deduction <input type="checkbox"/> Change Deduction <input type="checkbox"/> Please Discontinue
I authorize the Payroll Department to deduct the amount indicated above from my salary. This authorization shall remain in effect until a written request for change or discontinued is submitted to the Payroll Department.		
Date:	Signature:	

**Please return via district mail to Payroll Department.**