

# 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)

<b>NAME OF COMPANY OR ORGANIZATION</b>
<b>CSU DOMINGUEZ HILLS</b>

<b>EMPLOYEE IDENTIFICATION</b>		
<b>Social Security Number</b>	<b>Initial</b>	<b>Last Name</b>

<b>DEDUCTION INFORMATION</b>							
Deduction Code	Organization Code	Deduction Amount	Type of Change (check ONE box)			Pay Period	
			NEW 1 <input type="checkbox"/>	DELETE 2 <input type="checkbox"/>	CHANGE 3 <input type="checkbox"/>	Month	Year

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  
Attn: Miscellaneous Deductions Unit  
PO Box 942850, Sacramento, CA 94250-5878

# FORM CD88 COMPLETION INSTRUCTIONS

The Form CD88 must be completed (typed or hand written in legible form) as outlined below to add, change the amount, or delete the employee's deduction.

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OF PAYROLL DEDUCTION AUTHORIZATION**

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(FILL-IN FORM (USE TAB TO MOVE BETWEEN FIELDS), OR PRINT TYPE OR HAND WRITTEN FORM BELOW)

NAME OF COMPANY OR ORGANIZATION					
A					

  

EMPLOYEE IDENTIFICATION			
Social Security Number	Initial	Last Name	
B	C	D	

  

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

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 \_\_\_\_\_

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FORM CD88 (Rev. 5/15) PAYROLL DEDUCTION AUTHORIZATION

**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., '15' for 2015).

**Date**

K Current date will be displayed.

**Signature of Authorized Company or Organizational 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)

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