



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# COMBINED GIVING ONE-TIME DEDUCTION AGREEMENT

This agreement is for a one-time payroll deduction effective pay period one (1) of each year. One-Time Deduction forms must be submitted during the annual campaign period only.

*Must print in Black or Blue ink ONLY*

<b>Employee ID</b>	<b>Last Name, First Name</b>	
<b>Effective PP</b>	<b>Company</b>	<b>Department</b>

I hereby elect to send a one-time donation to the following agency(ies):

4 Digit Agency Code	Agency Name	Amount of One-Time Deduction

## YOUR CHOICE ELECTIONS

For all "Your Choice" Agency Codes listed in the section above (i.e., 8098, 8198, etc.) complete the section below.

Agency Name			Agency Name		
<b>Address</b>		<b>City</b>	<b>Address</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>Telephone</b>	<b>State</b>	<b>Zip</b>	<b>Telephone</b>

## ACKNOWLEDGMENT REQUESTED

By completing this section, you will receive an acknowledgment by the Agency(ies) listed above.

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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I authorize the County of San Bernardino to make the payroll deductions indicated and to distribute my contribution to the designated Agency(ies).

<b>Employee Signature</b>	<b>Daytime Telephone</b>	<b>Date</b>
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*This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.*

<b>Payroll Specialist (Print &amp; Sign)</b>	<b>Telephone</b>
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**NO GOODS OR SERVICES ARE BEING PROVIDED IN WHOLE  
OR IN PART FOR YOUR CONTRIBUTION**

*DISTRIBUTION: Original - Send to EBSD-HR (0440)*

### Office Use Only

<b>Review By</b> (Employee ID)	<b>Review Date</b>	<b>Keyed By</b> (Employee ID)	<b>Keyed Date</b>
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