



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

GENERAL DEDUCTION DATA

Initiate
 Revise
 Cancel

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name
Company	Department

Effective Pay Period	Deduction Code*	Deduction Description	Total Pay Period Deduction
			\$

***Only Deduction Codes listed below are valid for this form**

DEDUCTION CODE	DEDUCTION DESCRIPTION	DEDUCTION INFORMATION	NUMBER OF PAY PERIODS
ACFI	Assoc – CA Fed of Interpreters	Court Interpreter	26
ACTVLY	Assoc Dues - SB FF	Special Districts	24
AL2325	Assoc Dues - Local 2325	Members of Local 2325	24
AL935	Assoc Dues - Local 935	Members of Local 935	24
APRBTN	Assoc Dues - Prob Office	Probation Department Employees	24
DCBCEM	457 Deferred Comp-Barstow Cem	Barstow Cemetery	26
DCHSRP	457 Deferred Comp-Hesperia R/P	Hesperia Recreation & Parks	26
HDROW	Health/Dental Rim of World R/P	Rim of the World Recreation & Parks	26
HHSPRP	Health - Hesperia Rec & Parks	Hesperia Recreation & Parks	26
LTDSBG	LTD - SANBAG	SANBAG Employees	26
R29PLM	Retirement 29 Palms	29 Palms Cemetery Employees	24
RTPBC	Retirement PERS Barstow Cemetery	Barstow Cemetery Employees	26
SBGHSA	SANBAG Health Care	SANBAG Employees	26
V29PLM	Vision - 29 Palms Cemetery	29 Palms Cemetery Employees	26

I authorize the County of San Bernardino to deduct/cancel the amount indicated above from each paycheck (warrant) beginning with the effective date for the appropriate deduction listed above.

Employee Signature	Date
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Payroll Specialist Name (Print & Sign)	Telephone	Date
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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.

DISTRIBUTION: Original – Central Payroll (0032)

<i>Office Use Only</i>			
Reviewed By <small>(Employee ID)</small>	Date/PP	Keyed By <small>(Employee ID)</small>	Date/PP