



Enrollment Form

Authorization for Voluntary Payroll Deduction

Employees Name: _____

Employee's Social Security Number (last four digits): XXX-XX-_____

I hereby authorize the Dinuba Unified School District to initiate a Voluntary Payroll Deduction.

Amount to be deducted each month: \$ _____

(This amount will be deducted and donated on a ten-month basis (August-May))

I hereby request that Dinuba Unified School District deduct from my monthly payroll the amount indicated above to be donated to the Dinuba USD Student Foundation (DUSD Foundation #4401)

Employee Signature: _____

Date: _____

Please return this form to: Dinuba Unified School District Payroll Office

8/9/2024