



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, **October 1 through October 31.**

Must print in Black or Blue ink ONLY

| | | |
|---------------------|------------------------------|-------------------|
| Employee ID | Last Name, First Name | |
| Effective PP | Company | Department |

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 | | |
|--------------------|------------|------------------|--------------------|------------|------------------|
| Address | | City | Address | | City |
| State | Zip | Telephone | State | Zip | Telephone |

ACKNOWLEDGMENT REQUESTED

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

| | | | |
|----------------|-------------|--------------|------------|
| Address | City | State | Zip |
|----------------|-------------|--------------|------------|

I authorize the County of San Bernardino to make the payroll deductions indicated and to distribute my contribution to the designated Agency(ies).

| | | |
|---------------------------|--------------------------|-------------|
| Employee Signature | Daytime Telephone | Date |
|---------------------------|--------------------------|-------------|

This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

| | |
|--|------------------|
| Payroll Specialist (Print & Sign) | Telephone |
|--|------------------|

**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

| | | | |
|-----------------------------------|--------------------|----------------------------------|-------------------|
| Review By (Employee ID) | Review Date | Keyed By (Employee ID) | Keyed Date |
|-----------------------------------|--------------------|----------------------------------|-------------------|