

				\$3.00
EMPLOYEE NO (SOC.SEC.NO.)	EMPLOYEE NAME	DEPT NO.	DIV. NO	BI-WEEKLY DEDUCTION

AUTHORIZATION FOR PAYROLL DEDUCTION FOR LOS ANGELES WOMEN POLICE OFFICERS AND ASSOCIATES

TO: CONTROLLER, CITY OF LOS ANGELES

I hereby authorize the deduction for dues to the **Los Angeles Women Police Officers and Associates (LAWPOA)** in the amount indicated per pay period. When you receive notice from LAWPOA that its membership dues have been duly changed by its Board of Directors, I hereby authorize this deduction to be charged automatically.

This authorization shall be in effect until cancelled in writing by me or LAWPOA.

FEDERAL LAW P.L. 93-579 Section 7 re: Federal Privacy Act and Use of Social Security Numbers.

This law requires you to be informed when asked for your Social Security Number, that it must be provided for use in employment, personnel and payroll processes. Authority for requiring this information is based upon provisions of the City's payroll and personnel candidate processing system operational prior to January 1, 1975 and applicable Federal Law.

Signature of Employee

Date