

OFFICE OF THE STATE CONTROLLER
INTERNET PAYROLL DEDUCTION REPORTING
PARTICIPATION REQUEST FORM

TO: State Controller's Office
PPSD/Systems Activities Coordination & Support
P. O. Box 942850
Sacramento, CA. 94250-5878
Attention: Deduction Program Coordinator

RE: INTERNET PAYROLL DEDUCTION REPORTING PROCESS

1. We hereby request the State Controller's Office begin transmitting our company/organization Payroll Deduction data via the Internet. Our deduction/organization codes are as follows:

Deduction/Org Code ___/___ Deduction/Org Code ___/___ Deduction/Org Code ___/___
Deduction/Org Code ___/___ Deduction/Org Code ___/___ Deduction/Org Code ___/___
Deduction/Org Code ___/___ Deduction/Org Code ___/___ Deduction/Org Code ___/___

If additional space is needed, please attach a separate page and submit with this form. It is imperative that all deduction/organization codes be listed as only those codes will appear in the Internet file.

2. We would like to receive Internet files beginning _____ / _____ / _____.
(Month/Day/Year)

This request form must be received in our office at least 1 month prior to the above reporting period.

3. The name (**MUST INCLUDE MIDDLE INITIAL**), e-mail address and phone # of the representative(s) from your organization that will be performing the actual file transfers:

Name(First MI Last) _____ Phone number _____
E-mail address _____

Name(First MI Last) _____ Phone number _____
E-mail address _____

Name(First MI Last) _____ Phone number _____
E-mail address _____

Name(First MI Last) _____ Phone number _____
E-mail address _____

Note: It is extremely important that the e-mail addresses provided be the individuals who will ultimately be performing the file transfers. Information provided on the Participation Request form will be used to validate and authorize your request for system access.

4. The representative from your organization to whom the State Controller's Office can direct inquiries in the event problems are encountered is:

Name _____ Phone number _____
E-mail address _____

5. We agree to notify the State Controller's Office *in writing* of any change or should we desire to terminate this agreement.
6. We agree to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses that may result from reporting of payroll deduction information.
7. We understand and agree to the requirements and conditions set forth for receiving these deduction files through SCO's secure server. The undersigned signature is a person authorized to sign payroll deduction authorizations and constitutes validation of the requesting source.

Name of Company/Organization

Name of Authorized Representative

(____) _____
Phone

Signature of Authorized Representative

Title

Date