

State Controller's Office

DEDUCTION CLIENT MASS UPDATE REQUEST FORM

INSTRUCTIONS: Must be typed or completed in ink. If more space is needed, attach a separate sheet.

- Deduction client name: _____
- Deduction code: ___ (xxx)
- Organization code: ___ (xxx)
- Effective pay period: ___/___ (mm/yy)
- Warrant issue date: ___/___/___ (mm/dd/yyyy)
- Type of mass update: Cancel ___ *Rate change ___ Other ___
- Reason for mass update: _____
- *Old rate amount \$ _____ New rate amount \$ _____
- All affected employees have been notified (initial) _____
- Source of employee notification: Mail ___ Email ___ Other (explain) _____

I certify that authorizations for payroll deductions signed by employees and appointing the above-named company or organization as his/her agent are on file. I am authorized to sign form CD88s and all correspondence from this office. I understand and agree, in consideration for and as a condition of the State Controller withholding and transmitting payroll deductions authorized by Government Code Sections 1151 and 1152, to hold harmless the State of California, its officers, and employees from any liability that may result from making, canceling, or changing required deductions.

Authorized by: _____ Date: _____
(Print name)

(Authorized signature)

Send to: deductionsprogram@sco.ca.gov 30 days prior to the effective date (i.e., To update deductions in time for the 06/20 pay period effective 7/1/2020, SCO must receive the request no later than 5/31/20). Questions regarding this form may be directed to the Deduction Program Coordinators at deductionsprogram@sco.ca.gov or (916) 322-7968.