

VOLUNTARY ASSIGNMENT OF WAGES

EMPLOYEE NAME _____
(PLEASE PRINT)

SSN OR EMP # _____ WORK PHONE _____

Authorized by: _____ Date: _____
Employee Signature

The above (employee) authorizes the City of Albuquerque to deduct from his/her biweekly paychecks to commence as soon as possible, the sum stated below to be paid to

Note: In order for this transaction to occur by the next available pay period, it must be submitted to the central office by 1:00 PM Friday of non-payroll week.

.....
NAME OF COMPANY OR DEDUCTION- CHICANO POLICE OFFICERS ASSOCIATION.

DEDUCTION CODE- DUES CPO

CHECK ONE OF THE FOLLOWING:

NEW SET UP In the amount of \$ 5.00

Please tell us who referred you to the CPOA: _____

Include your E-mail address (optional.)

E-mail Address: _____

Note: The city will continue to make such deduction until notified by the employee or creditor to terminate same or as otherwise provided herein. In the event such payments exceed the total amount due the creditor or exceeds 25% of the employee's disposable earnings, the employee shall waive any recourse against the City and hold it harmless therefore. The employee or the City may terminate this assignment of wage by giving written notice thereof to the other and to the creditor. If this request is for deduction to a Uniform Company, I certify that I must purchase my own city required uniform.

Please send the original form to APD payroll and a copy to Paige Lavilla @ the Family Advocacy Center (FAC) interoffice mail.