



**Instructions:** Complete and submit to Human Resources, Employee Support Services, UPD Building, 0046.  
Print using blues or black ink.

EMPLOYEE INFORMATION		
Employee Name:	Employee ID:	SSN:
Department:	Campus Phone:	

REQUEST FOR DEDUCTIONS		
Pay Period	\$ Amount	Name of Company

Please make the tax sheltered annuity deductions noted above from my final salary warrant.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

BENEFITS SERVICES USE ONLY	
Copies:	
<input type="checkbox"/>	Benefits File
Forward to:	
<input type="checkbox"/>	Personnel Services _____
<input type="checkbox"/>	Payroll Services _____