

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	_____