Last Name, First Name - PLEASE PRINT

I hereby authorize a total payroll deduction in the amount of $ to be

one(1)____ two(2)____ three(3)____ four (4)____ six (6)____

consecutive pay period in the amount of $ dollars per period beginning
with the pay periods cited below.

Deductions will be made over the periods as indicated above, beginning with period:

(Office Use Only) (Office Use Only)

and ending

I hereby certify that all of the above information is factual and true and that I am aware I can utilize
payroll deductions as an OPS, temporary, or adjunct employee. I further understand that any false
statements by me on this application may be grounds for immediate disciplinary actions(s).

Signature:______________________________

Registrant

Date

Please check the appropriate employee type:

☐ A&P

☐ Executive Service

☐ Faculty

☐ OPS

☐ USPS

Signature:______________________________

Campus Recreation Staff

Date