

Associated Students of SDSU PAYROLL DEDUCTION REQUEST

Employee Name: _____ Red ID No.: _____

Department Name: _____ Request Effective Date: _____

Type of Request (check all that apply): New Deduction Change the Amount of an Existing Deduction Cancel

I, _____, hereby authorize Associated Students of SDSU, to deduct/stop deducting from my salary the monthly premium(s) of the plan(s) I have elected below.

Plans:	Monthly Premium:	Bi-Weekly PR Deduction:
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NOTE: When selecting your plan(s) please indicate the Monthly and Bi-Weekly amounts on the corresponding lines.
To calculate the bi-weekly amount: **1)** Multiply Monthly Premium by 12 **2)** Divide by 26 **3)** Log the result on the corresponding line

<input type="checkbox"/> ARC Membership Fees		
<input type="checkbox"/> Charitable Donations: United Way		
<input type="checkbox"/> Other Charitable Donations:		
<input type="checkbox"/> Optional Life Insurance		
<input type="checkbox"/> Parking Permit (Check One: <input type="checkbox"/> Pre-Tax or <input type="checkbox"/> After Tax)	\$30.00	\$13.85
<input type="checkbox"/> Special Garnishment		
<input type="checkbox"/> Tax Shelter Annuity		

Fund Sponsor: _____ *** Use this from to cancel PR deduction only

<input type="checkbox"/> MTS Pass	\$57.60	
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** This deduction can only be processed once a month (on the second pay period of the month)

<input type="checkbox"/> Other		
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Specify: _____

EMPLOYEE: If requesting a new payroll deduction, please record your initials below.

_____ I understand that this authorization remains in full force until either I cancel it or my employment ends.

Employee's Signature: _____ Date: _____

FOR PAYROLL USE ONLY:

Date Received: _____ Permanent Deductions Added/Deactivated: _____

Date Processed: _____ Additional Adjustment Entry \$: _____