



Request and Authorization for Payroll Deduction

Employee Number _____ Dept _____

Employee Name _____

Type of Deduction _____

Total Amount of Deduction _____

GL Account Number _____

This authority is to remain in full force and effect until the City has received written notification from me, the total authorized deduction has been reached or at termination and in such manner as to afford the City a reasonable opportunity to deduct any remaining balance.

Start Deduction Change Deduction Stop Deduction

Notes:

Employee Signature

Date

FOR PAYROLL USE ONLY

____ Deduction Code	____ Deduction Effective Date (1 st day of the next payroll period)
\$ ____ Deduction Amount Per Stated Pay Period	
_____ Administration Authorization	_____ Date
Signature (entered by) _____	Date (entered) _____