|  |
| --- |
| siue_red&blk2VOLUNTARY PAYROLL DEDUCTION TO A STATE AGENCY |
| Agency Name: |        |
| Agency Address: |        |
|  | Street |
|  |        |  |    |  |       |
|  | City |  |  | State |  | Zip Code |
| Agency Phone #: |        | Agency Fax: |  |
| Agency Contact: |  |
|  |  |  |
|  |  |  |
| Employee Name: |       | Banner ID Number: |       |
| Employee Address: |       |
|  | Street |
|  |        |  |    |  |       |
|  | City |  |  | State |  | Zip Code |
| Department: |      |  |  |
|  |  |
|  |  |
| I hereby authorize the State of Illinois or SIUE to deduct from my earnings $ |       | each pay  |
| period and continuous until revoked. I reserve the right to revoke this authorization at any time by submitting a written Revocation form. This deduction is to be in accordance with the established rules of the State Salary and Annuity Withholding Act. |
| [ ]  Faculty | [ ]  Staff (paid Semi-monthly) | [ ]  Staff (paid Bi-weekly) |
| Effective Pay Period |       |
| (*Deduction will take affect when Agency removes your account from the offset list.)* |
| Signature: |  | Date: |  |

HR ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Processed By: |  | Date Faxed to Agency: |  |
| Deduction Code: |  | PWRAGCY ID |  |