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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| siue_red&blk2  VOLUNTARY 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 |  | |