



SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
VOLUNTARY PAYROLL DEDUCTION TO A STATE AGENCY

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

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

Table with 4 columns: Processed By, Date Faxed to Agency, Deduction Code, PWRAGCY ID