

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

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