PAYROLL DEDUCTION AUTHORIZATION

I, _____, AN EMPLOYEE OF PENSACOLA STATE COLLEGE, AUTHORIZE THE COLLEGE TO START, CHANGE OR CANCEL THE FOLLOWING DEDUCTION AS SPECIFIED:

THIS IS A (CIRCLE ONE):   **NEW DEDUCTION   /   CHANGE   /   CANCELLATION**

$_____BI-WEEKLY

REMITTED TO: _____

PAYCHECK EFFECTIVE DATE: _____

COMMENTS: _____

_____

EMPLOYEE NUMBER: _____

DEPARTMENT: _____

SIGNATURE:_____

DATE:_____   EXTENSION: _____

****

FOR HUMAN RESOURCES

RECORD UPDATED BY: _____   DATE: _____
C: EMPLOYEE FILE   REV. 10/08