

UC SANTA CRUZ



Payroll Deduction Form

I authorize a monthly payroll deduction of: \$25 (min.) \$50 \$100 other: \$_____

I understand that deductions will continue until I cancel in writing to the Gift Administration office or my employment at UCSC terminates.

Designation(s): Chancellor's Fund
 Undergraduate Scholarship Fund
 Graduate Fellowships
 Other _____

Employee Name: _____

Home Address: _____
street

city state zip

Campus Department: _____ Mail Stop: _____

Employee ID Number: _____ Phone Ext.: _____

Employee Signature: _____ Date: _____



Please return completed form to: Gift Administration, UR Delaware (mail stop) or fax to 831-427-4775.

Following processing, a copy will be returned to the employee. Thank you.

For Gift Administration Use Only: Processed by: _____ Date: _____

For Payroll Use Only:

TRANS CODE	EMPLOYEE ID NO.	EFFECTIVE DATE	ELEMENT NO.	BAL CD	AMOUNT
1 2 4	12 13	18 19	22 23	24	30
X1	7		089	G	

Prepared by: _____ Date: _____ Authorized by: _____ Date: _____