



Elizabethtown College

PAYROLL DEDUCTION FORM

Employee's Name _____ ID Number _____

Instructions for Employees requesting Payroll Deductions for Staff Accounts

Please fill in the **bold** areas on the form below to request that payroll deductions be applied to your staff account. Sign and date the form and send it to the Business Office for consideration. After approval the form will be processed further through the Office of Human Resources. Authorized forms must be received by the Office of Human Resources ten days before the requested payroll date in order to begin payroll deductions on that date. Otherwise, payroll deductions will begin with the first payroll date for which the authorized form meets the deadline. If you have questions or concerns, please contact the Business Office at extension 1417.

Request for Employee Charge Account Payroll Deduction

I hereby request that **Bi-Weekly Deductions of \$_____** be made from my payroll. This exact amount will be applied to my Staff account balance. The deductions may begin on this **Payroll Date_____**. Payroll deductions will continue until the employee notifies the Office of Human Resources to discontinue deductions. If the authorized request is not received by the Office of Human Resources ten days prior to the requested payroll date, deductions may begin on a later payroll date.

Employee's Signature _____ Date _____

The Business Office approves of the payment agreement above.

Approved by _____ Date _____