

PAYROLL DEDUCTION REQUEST FORM

Human Resources is responsible for creating and updating payroll deduction requests from employees. HR will only provide payroll deductions for the deduction types listed in this form. This form must be completed to begin, change, or cancel a deduction. Contact HR at 608.785.8013 or <u>hrinfo@uwlax.edu</u> for questions or concerns.

If you are submitting more than 10 requests for deductions, please use this Excel document and send to <u>hrinfo@uwlax.edu</u> upon completion.

| Employee Name: | | Employee ID: | |
|----------------------------------|-------------|---|-------------------|
| Employee Email: | | Employee Phone: | |
| Please select the type of deduct | ion: | | UWL Foundation |
| UWL Recreation Center | UWL Parking | Faculty/Staff Meal Plan / Lost ID Card | U-Pass (Bus Pass) |

DEDUCTION INFORMATION

| Please complete all sections below. Incomplete forms will | be returned to the submitter. | | |
|--|-------------------------------|--|--|
| Type of Action: | | | |
| What is the employee's pay basis? | | | |
| Total goal amount to be paid: | | | |
| Total number of payroll deductions: | | | |
| Amount per payroll deduction: | | | |
| Pay date of first payroll deduction: (If you are unsure when the first or last pay date, email <u>hrinfo@uwlax.edu</u> with the employee name and employee ID to confirm prior to submitting this information). | | | |
| Pay date of last payroll deduction: (If you are unsure when the first or last pay date, email <u>hrinfo@uwlax.edu</u> with the employee name and employee ID to confirm prior to submitting this information). | | | |
| SUBMITTER INFORMATION | | | |
| Name (Last, First) | Date of Submission | | |
| | | | |

ADDITIONAL COMMENTS

Please route all completed forms to hrinfo@uwlax.edu