

If using the payroll deduction, please also fill out the Payroll Deduction Request Form.

NAME: Last		First		MI	
Department:					1
Employee:	Faculty or Academic St University Staff	aff			_
	Retiree (must pay by che Contracted Services (m	,	cash)		
	Full payment in the amount	of \$75.00 for 2024-	25		
1	Check (make checks p Cash	ayable to UW-La Cr	osse)		•
resale and shal other than the p	at the UW-La Crosse/Munici I be forfeited and confiscated person to whom it was issued ons may be subject to discip	d if misused or pres d. It is further under	ented for tran stood that an	sportation by any _l ly person violating	persor these
Employee Sig	nature:	Date	đ		
	d form may be dropped off in ce (see address below) Plea s:				_/
Pick-up	in 121 Graff Main Hall	Campus	: Mail		
Mail to:	<u>.</u>		·		
	Casl 121 (1725	La Crosse nier's Office Graff Main Hall 5 State Street crosse, WI 54601			
	Bus Pass Number				
	Date Copy Sent to A&F, 23	33 Graff Main Hall			
	Date Copy Sent to HR, 144	4 Graff Main Hall (if payr	oll deduction)		

Date & Receipt Number if paid by check or cash (Account 040320-9200)