

**Employee Account  
Deduction Form**

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**Date** \_\_\_\_\_

**Name:** \_\_\_\_\_ **V#:** \_\_\_\_\_

(must be a board appointed employee to enroll in payroll deduction)

**Type of Balance Owed:**

(Example: parking tickets, travel paybacks,

Moving expense paybacks) \_\_\_\_\_

**Total Balance owing:**

\$ \_\_\_\_\_

- If over \$1,000, divide by 26 pay periods for the per pay period amount, not to exceed 26 pay periods
- If \$999 or under, minimum of \$40 per pay period until paid off
- No payroll deductions for less than \$40

Amount per pay period: (\$40 *minimum*):

\$ \_\_\_\_\_

Total number of pay periods (26 *maximum*):

\_\_\_\_\_

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**Signature**

By signing this form I agree to pay the balance owing in full. Upon termination of employment for any reason, the balance will be taken out of the employees final pay check.

**Directions:** Employees should print and fill out this form and mail or fax it to Payroll, Campus Mail code 4345 or fax 5-3864.