

Employee Payroll Deduction Request



Employee Information			
Full Name		Southeast ID	
Department of Employment	Work Phone	Home/Mobile Phone	
Mailing Address <i>(street/PO Box, city, state, zip)</i>			
Payroll Deduction Request			
Instructions: Please limit to one request per form. Select the appropriate request type below and fill in the details of your deduction request. Please allow two (2) weeks for your request to be effective. Please Note: For as long as you are employed by the University, your deduction will remain active for all regular payroll cycles until you complete a new form to change or stop your deduction.			
Request Type:	<input type="checkbox"/> Start new deduction below <input type="checkbox"/> Change existing to below <input type="checkbox"/> Stop deduction below		
Designation <i>(select only ONE designation per form)</i>			
<input type="checkbox"/> Recreation Center <i>(see options)*</i>		<input type="checkbox"/> Redhawks Club	
<input type="checkbox"/> Redbucks		<input type="checkbox"/> KRCU	
<input type="checkbox"/> University School for Young Children		<input type="checkbox"/> Foundation – Unrestricted	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Foundation – Specific Fund: _____	
<small>*When paying for a Recreation Center membership on behalf of a non-University employee, different rates and options apply. Visit the Recreation Services membership webpage, and attach desired options to this form.</small>			
Pay Schedule (Deduction Frequency):	<input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly	Amount Per Pay Period:	

I hereby authorize and request Southeast Missouri State University (hereafter referred to as the "University") to deduct from my University payroll accordingly for the total amount stated above. I understand that this authorization shall remain in effect until revoked by me in writing, and that I must allow time to meet payroll deadlines for any deduction changes to be implemented.

I understand that the deduction requested will be credited to my University account, if applicable. I further understand that this deduction request supersedes any and all prior deduction requests concerning my University account. I acknowledge responsibility for my debts owed to the University and realize that if the payments are not met, the debts are subject to University administrative review and/or collection agency referral by the University without further notice. By signing this form, I agree that the University has the right to recover any collection and/or litigation costs incurred in the collection of any amount up to 50% of the account balance.

Employee Signature:		Date Signed:	
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Email completed form to humanresources@semo.edu