



Employee Deduction Authorization

 Employee Name (Last, First, Middle Initial)

 UGA ID (81xxxxxxx)

Payroll Type:

Biweekly (All Hourly Employees)

Monthly (All Salaried Employees)

Payroll Deduction Information
Check Appropriate Deduction Code

Selection	Code	Description	Deduction Schedule
	00ACTR	Accounts Receivable	Deducted from EACH paycheck
	18CDL	Child Development Lab	Deducted from 1st/2nd Biweekly
	18RCOE	Rent - Condition of Employment	Deducted from EACH Biweekly
	18FNDU	Employment UGA Foundation	Deducted from EACH Biweekly
	00CHAR	Campaign for Charities	Deducted from 1st/2nd Biweekly

Frequency of Deduction
Complete Appropriate Box Below

One-Time Deduction

Amount of Deduction \$ _____

This amount will be deducted from the employees next regularly scheduled paycheck. UGA Central Payroll will notify you if there was insufficient net pay for this amount.

On-Going Deduction

Deduction Amount \$ _____

This amount will be deducted fAccording to the Deduction Schedule detailed above.

Effective Date (Required): _____

Deduction to Begin on the Effective Date Above

Deduction to End on the Effective Date Above

 Employee Signature

 Date

 To be used be UGA Central Payroll:

 EMPL ID