UNIVERSITY of ALASKA
Many Traditions One Alaska

Employee Selected Deduction Form

Employee ID	TKL	Work Phone
Last Name	First	M.

Please Read: To start, stop, or change employee selected deductions from university pay; the deductions below can be started, stopped, or changed by the employee at any time. Please allow two (2) pay periods for processing. After signing and dating the completed form, submit it to your campus Human Resources office. Complete the form in blue or black ink.

UA Foundation Staff Contribution Form (http://www.alaska.edu/files/foundation/Staff_Contribution_Form.pdf) - for contributions to UA Foundation, KUAC-FM, and KUAC-TV. **Campus Card Deduction Form** (http://www.alaska.edu/files/hr/campus_card_dedn_form.pdf) - for credit contributions to campus card (Polar Express/Bear Bucks, Whale Card, Wolfcard). **UA College Savings Plan Payroll Deduction Form** (http://www.alaska.edu/files/hr/uacsp_payroll_dedn_form.pdf) - for contributions to UA College Savings Plan account(s).

Eligible Deductions Initiated by Employee:

All Campuses
AK Voluntary Health Agency (945)
PERS Indebtedness (233)
TRS Indebtedness (223)

UAF
Athletics (930)
Housing Deduction (860)
Lost Keys (880)
UAF Alumni Association (961)
UAF Hospital Fund (910)
UAF Rec Center Fee Deduction (865)

Palmer (UAF)
Palmer Housing Deduction (861)

UAS
UAS Alumni Association (962)
UAS Rec Center Fee Deduction (868)

All deductions on this form are deducted post-tax.

Eligible Deductions Coordinated by UA Departments:

UAA
Accounts Receivable (730)
Traffic Citations (893)
Prince William Sound (UAA)
Accounts Receivable (735)
UAF
Accounts Receivable (720)
Ambulance (875)
Lost Keys (880)
Traffic Citations (870)
Northwest (UAF)
Accounts Receivable (740)
GI (UAF)
Accounts Receivable (721)
UAS
Accounts Receivable (725)

Employee Selected Deduction:

☑ Start Deduction ☐ Stop Deduction ☐ Change Deduction (Explain: Campus Recreation)

Deduction Name: UAF Rec Center (865) Start Date: Next pay period Stop Date: GOAL

Biweekly Amount: _____ Goal Amount (optional): _____

Department Approval/Notification (if applicable): _____

Employee Selected Deduction:

☐ Start Deduction ☐ Stop Deduction ☐ Change Deduction (Explain: _____)

Deduction Name: _____ Start Date: _____ Stop Date: _____

Biweekly Amount: _____ Goal Amount (optional): _____

Department Approval/Notification (if applicable): _____

Employee Authorization:

I authorize the University of Alaska to make appropriate deductions for the options that I have listed above. The University is not responsible for unpaid PERS/TRS Indebtedness (contact the State of Alaska Division of Retirement and Benefits regarding accruing interest).

_____ _____ _____
Employee Signature Date E-mail Address

For Office Use Only:

Dedn Code 1: _____ Dedn Code 2: _____

Dedn 1 Reference _____ Dedn 2 Reference _____

Entered by: _____ Date: _____ Effective: _____

Revised 8/29/13