New Optional General Payroll Deduction Request

An institution's Human Resources Director must complete and submit this form to officially request a new optional general payroll deduction. The deduction should support the mission of the institution and provide an institution-wide opportunity to support a multi-scope mission and have support of the Chancellor (or designee). See the Optional General Payroll Deductions policy for additional information.

Requestor Information								
Name:		Institution:		Phone:		Email Address:		
Deduction Details								
Deduction Description (30 c	d Number of Employees Participating per Deduction Cycle:							
For Payrolls (check all that apply):								
☐ Monthly Biweekly: ☐ First Pay Period ☐ Second Pay Period ☐ Third Pay Period								
Plan Type:				Requested Effective Pay Period:				
Deduction Method (% or flat dollar amount):				Deduction Amount or % (if fixed):				
Vendor Name:	Vendor Address (in				clude street address, city, state and zip code):			
Description of Request:								
Benefit of Change:								
Impact of Not Approving Change Request:								
HR Director Approval								
Signature:						Date (mm/dd/yyyy):		
For Office Use Only								
Deduction Short Description (10 character limit): Deduction				Code: Dedu			ction Priority:	
Deduction Classification (select one):								
○ After Tax ○ Before Tax ○ Nontaxable Benefit ○ Taxable Benefit								
Deduction Effective Date: Vendor ID:				AP Payment Da			ate Type:	
UW Service Center Payroll Manager Approval								
☐ Approved Signature: ☐ Denied					Date (mm/dd/yyyy):			
Director of UWSA Office of Human Resources & Workforce Diversity Approval (if required)								
	Signature:						Date (mm/dd/yyyy):	