Employee Deduction Authorization

Employee Name (Last, First, Middle Initial)			Empl ID (7 digits)
	• (ly Employees) ed Employees)	
Payroll Deduction Information Check Appropriate Deduction Code			
Selection	Code	Description	Deduction Schedule
	18CDL	Child Development Lab	Deducted from 1st/2nd Biweekly
	18RCOE	Rent - Condition of Employmen	t Deducted from EACH Biweekly
Frequency of Deduction			
Complete Appropriate Box Below			
One-Time Deduction			
Amount of Deduction \$			
This amount will be deducted from the employee's next regularly scheduled paycheck. UGA Central Payroll will notify you if there was insufficient net pay for this amount.			
Ongoing Deduction			
Deduction Amount \$			
This amount will be deducted according to the Deduction Schedule detailed above.			
Effective Date (Required):			
 Deduction to Begin on the Effective Date Deduction to End on the Effective Date Above (if Biweekly employee, enter end date prior to begin date of next biweekly pay period) 			
Employe - Circu	oture	D-4-	
Employee Sign	iaturė	Date	
To be used by UGA Central Payroll:			

