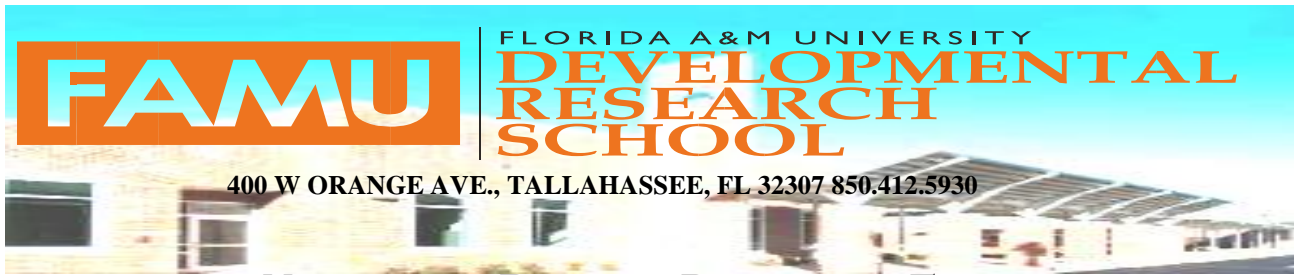




400 W ORANGE AVE., TALLAHASSEE, FL 32307 850.412.5930



### VOLUNTARY PAYROLL DEDUCTION FORM

**EMPLOYEE NAME** \_\_\_\_\_

**EMPLOYEE ID#** \_\_\_\_\_

**CAMPUS ADDRESS** \_\_\_\_\_

**CAMPUS PHONE #** \_\_\_\_\_

I, \_\_\_\_\_, HEREBY AUTHORIZE THE DEDUCTION OF A TOTAL OF \$\_\_\_\_\_ THROUGH BI-WEEKLY/MONTHLY PAYROLL (CIRCLE ONE) DEDUCTIONS OF \$\_\_\_\_\_ BEGINNING WITH THE PAY DATE OF \_\_\_\_\_ AND THIS DEDUCTION SHALL CONTINUE FOR \_\_\_ CONSECUTIVE PAY PERIODS, BEGINNING **SEPTEMBER 14, 2018** WITH THE LAST DAY TO HAVE ALL FEES PAID BY **APRIL 1, 2019**. THESE PAYMENTS ARE TO BE DEDUCTED USING THE MISCELLANEOUS DEDUCTION CODE \_\_\_\_\_ AND CREDITED TO THE ACCOUNT OF THE DEVELOPMENTAL RESEARCH SCHOOL – DEPARTMENT # **442600**. SHOULD MY EMPLOYMENT BE TERMINATED PRIOR TO THE FINAL DEDUCTION DATE, I UNDERSTAND THAT THE BALANCE OWED BECOMES IMMEDIATELY DUE AND PAYABLE TO THE FAMU DEVELOPMENTAL RESEARCH SCHOOL.

THE ABOVE AMOUNT SHOULD BE APPLIED TO THE STUDENT ACTIVITY FEES FOR THE FOLLOWING STUDENTS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

EMPLOYEE SIGNATURE/ DATE  
\_\_\_\_\_

FAMU DRS BUDGET OFFICE SIGNATURE/ DATE  
\_\_\_\_\_