Associated Students of SDSU
PAYROLL DEDUCTION REQUEST

Employee Name: _____ Red ID No.: _____

Department Name: _____ Request Effective Date:_____

I, _____, hereby authorize Associated Students of SDSU, to deduct/stop deducting from my salary the premium(s) of the plan(s) I have elected below.

Type of Request:			Plans:	Monthly Premium:	Bi-Weekly PR Deduction:
New Deduction	**Change the Amount of Existing Deduction**	**Cancel**	Please check all that apply:	**NOTE:** When selecting your plan(s) please indicate the Monthly and Bi-Weekly amounts on the corresponding boxes. To calculate the bi-weekly amount: **1)** Multiply Monthly Premium by 12 **2)** Divide by 26 **3)** Enter the result in the corresponding box below	
☐	☐	☐	ARC Membership Fees	☐	☐
☐	☐	☐	Charitable Donations: United Way	☐	☐
☐	☐	☐	Optional Life Insurance	☐	☐
☐	☐	☐	Special Garnishment	☐	☐
☐	☐	☐	Other Specify: _____	☐	☐
☐		☐	Faculty/Staff Club Membership	**$10.00**	**$5.00** first and second pay period of each month only
☐		☐	Parking Permit (Check One: ☐ Pre-Tax or ☐ After Tax)	**$30.00**	**$13.85**
☐		☐	MTS Pass	**$57.60**	This deduction can only be processed once a month (second pay period of each month)
		☐	Tax Shelter Annuity Fund Sponsor: _____		Use this form to cancel current payroll deduction only

EMPLOYEE: If requesting a new payroll deduction, please record your initials below.

_____ I understand that this authorization remains in full force until either I cancel it or my employment ends.

Employee's Signature: _____ Date: _____

FOR PAYROLL USE ONLY:

Date Received: _____ Permanent Deductions Added/Deactivated:_____

Date Processed:_____ Additional Adjustment Entry $: _____