UNIVERSITY of ALASKA
Many Traditions One Alaska

Employee Selected Deduction Form

Employee ID	TKL	Work Phone
Last Name	First	M.

Please Read: This form is used to start, stop, or change employee selected deductions from university pay. The deductions listed below can be started, stopped, or changed by the employee at any time. Please allow 2 pay periods for processing. After signing and dating the completed form, submit it to your campus Human Resources office. Use blue or black ink to complete.

For contributions to UA Foundation, KUAC-FM, or Alaska One, use the Staff Contribution Form at http://www.alaska.edu/files/foundation/Staff_Contribution_Form.pdf. For contributions to campus cards (Polar Express/Bear Bucks, Whale Card, and Wolfcard), use the Campus Card Deduction Form at http://www.alaska.edu/files/hr/campus_card_dedn_form.pdf.

Eligible Deductions Initiated by Employee:

All Campuses
AK Voluntary Health Agency (945)
UA College Savings Plan (965)
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) Acco

Palmer (UAF)
Palmer Housing Deduction (861)

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

All deductions on this form are deducted post-tax.

UA Eligible Deductions Coordinated by Departments:

UAA
Accounts Receivable (730)
Traffic Citations (893)

Prince William Sound (UAA)
Accounts Receivable (735)

UAF
unts Receivable (720)
Ambulance (875)
Lost Keys (880)
Traffic Citations (870)

Northwest (UAF)
unts Receivable (740)

GI (UAF)
Accounts Receivable (721)

UAS
Accounts Receivable (725)

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 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 DOR 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 4/23/12