



FORT VALLEY STATE UNIVERSITY™
 A State and Land-Grant Institution • University System of Georgia

PAYROLL DEDUCTION FORM

Name _____

Employee ID/Last Four of SSN _____

Payroll Frequency: Monthly Payroll _____ Biweekly Payroll _____

Deduction Type:

- Rent (Faculty/Staff Housing)
- Childcare
- Other (Please specify other) _____

Action:

- Begin
- Change
- Term

Effective Date: _____

Term Date: _____

Deduction Amount Per Pay Period..... = \$ _____

Total Deduction = \$ _____

I hereby authorize Fort Valley State University (FVSU) to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I understand and agree that any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck. I further understand and agree that deductions will be made after any federal or state requirements as well as for any FVSU programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Signature: _____ Date: _____

Approved by: _____ Date: _____