UNIVERSITY OF CALIFORNIA
SANTA CRUZ

Giving Payroll Deduction Form

I would like to:
- ◯ Start a New Gift Deduction
- ◯ Change My Current Gift Deduction
- ◯ Change My Designation
- ◯ Cancel My Gift Deduction

☐ **Automatic Continuous Plan:** ongoing deductions for the amount indicated below, until you cancel in writing (using this form) to the Gift Administration Office or your employment at UCSC terminates.

I authorize monthly payroll deduction of: ◯ $25(min) ◯ $50 ◯ $100 ◯ other:_____

☐ **Gift Installment Plan:** I authorize the amount of _____ ($25 min) will be deducted for ☐☐ months from my payroll, accumulating to a total amount of $0.00 _____ .

☐ **Onetime Gift:** I authorize the amount of _____ ($25 min) to be deducted once from my payroll.

Designation:

Area: _____

Program: _____

Employee Name: _____

Home Address: _____ California _____

Street City State Zip

Email: _____ Phone: _____

Employee ID: _____ Department/Mail Stop: _____

Employee's Signature: _____ Date: 12/6/11

Please Print, Sign and Return completed form to Jill Misunas, Gift Administration at Jcmisuna@ucsc.edu, or Mail Stop - University Relations, or Fax (831)459-2406. Print Form

For Gift Administration Use Only: Processed by: _____ Date: _____

For Payroll Use Only:

Continuous Deduction

TRANS CODE		EMP. ID #		EFFECT. DATE		ELEMENT #		BAL CD	AMOUNT	
1	2	4	12	13	18	19	22	23	24	30
X1						089		G		

Declining Deduction

TRANS CO.		EMP. ID #		EFT. DATE		ELEMT. #		BAL CD	AMOUNT		BAL CD	AMOUNT	
1	2	4	12	13	18	19	22	23	24	30	31	32	38
X1						160		G			D		

Prepared By: _____ Date: _____ Authorized by: _____ Date: _____