

Miscellaneous Deductions Form

Employee Name: _____ Banner ID: _____

Department: _____ Entity: TTU/TTUS HSC

Activate **Change Amount** **Terminate**

Recreational Sports: VO2* _____ Begin** _____ End*** _____

Golf Membership: VO3* _____ Begin** _____ End*** _____

TT Charitable Contributions: VO4* _____ Begin** _____ End*** _____

* Deduction Amounts Are Per Pay Period

** Must be on the first of the month following the month the form is signed

*** Must be on the first of the month following the month the deduction ends

Parking - TTU/TTUS

Begin** _____ End*** _____ Please Choose One: Please Choose One:

Parking - HSC

Begin** _____ End*** _____ Please Choose One: Please Choose One:

I certify that the department has received from the employee identified above written voluntary authorization to take the deduction identified. Furthermore the department agrees to retain the authorization until the employee revokes or changes his/her deduction authorization through written notification to the department.

Department Signature: _____ Date: _____

Mail or Fax to: TTU/TTUS: Employee Services Center
Human Resources Services
MS 1093
FAX: 806.742.1371
hrs.employee.services@ttu.edu

HSC: Human Resources
TTU Health Sciences Center
Stop 8100
FAX: 806.743.2882