

MISCELLANEOUS DEDUCTIONS

Screen: MISC(D)

EMPLOYEE ID ___ / ___ / ___ APPT ID:*

NAME: _____

DEDUCTION INFORMATION

EFFECTIVE DATE: 12-24-2006

EXPIRATION DATE: _____

DEDUCTION TYPE: EG-2

DEUCTION PLAN: _____

OVERRIDE DED AMT: \$ 5.00

OVERRIDE DED RATE: _____

GOAL AMOUNT: _____

Description of Deduction

F.O.P. DONATION

PLEASE CONTINUE UNTIL STOPPED BY EMPLOYEE

EMPLOYEE AUTHORIZATION

SIGNATURE _____

DATE: _____
