

Please fax to 271-5153, Education & Organizational Development

OU MEDICAL CENTER		<input type="checkbox"/> OUMC	33608
PAYROLL DEDUCTION AUTHORIZATION			
<i>Please fax to 271-5153, Education & Organizational Development</i>			
Employee Name		3-4 UID	
Department:			
Phone Number:			
TYPE OF DEDUCTION	EFFECTIVE DATE (BEGINNING OF PAY PERIOD)	DEDUCTION AMOUNT PER PAY PERIOD	MAXIMUM DEDUCTION (IF ANY)
<input type="checkbox"/> PARKING		\$	\$
<input type="checkbox"/> EDUCATION Class Title: _____	Class Date: _____	\$	\$
<input type="checkbox"/> BUSINESS OFFICE		\$	\$
<input type="checkbox"/> OTHER		\$	\$
I hereby authorize the above amounts to be Deducted from my payroll. _____ Employee's Signature			
DATE	INITIATING DEPARTMENT SIGNATURE		

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