

# UC SANTA CRUZ



## Payroll Deduction Adjustment Form

I would like to change the monthly amount of my current payroll deduction to: \$ \_\_\_\_\_

I would like to change the designation(s) of my current monthly payroll deduction to:

- Designation(s):
- Chancellor's Fund
  - Undergraduate Scholarship Fund
  - Graduate Fellowships
  - Other \_\_\_\_\_

Please cancel my monthly payroll deduction.

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
street  
\_\_\_\_\_

city                      state                      zip

Campus Department: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Phone Ext.: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**➔ Please return completed form to: Gift Administration, University Relations (mail stop) or fax to 831-459-2406.**  
Following processing, a copy will be returned to the employee. Thank you.

For Gift Administration Use Only:      Processed by: \_\_\_\_\_      Date: \_\_\_\_\_

For Payroll Use Only:

TRANS CODE	EMPLOYEE ID NO.	EFFECTIVE DATE	ELEMENT NO.	BAL CD	AMOUNT
1	2 4	12 13	18 19	22 23	24 30
X1	7		089	G	

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_