Fisk University
Payroll Deduction

________________________________________

Date:________________________

Name:____________________________________

Purpose of Deduction:____________________________________

Amount of Deduction:____________________________________

Start Date of Deduction: ________________________

Comments: ______________________________________

Employee Signature:________________________

H.R./Payroll use only:

Date Received ____________

Date Submitted to Payroll ____________ H. R. Signature ______________________

Date Entered into Payroll ____________ Payroll Signature ______________________