



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 _____