



Vivian Olum Child Development Center

University of Oregon Payroll Deduction Request

Employee Name _____

UO ID Number _____

I authorize the following payroll deduction:

Deduction per month \$ _____

Start Date (mm/yy) _____ Stop Date (mm/yy) _____

Deductions remain in effect until canceled by the employee in writing or termination of employment.

Signature _____ Date _____