

# OAKWOOD UNIVERSITY FUND REQUEST & PAYROLL DEDUCTION AUTHORIZATION FORM for EMPLOYEES

Date: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Employee Name (print): \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Department Name: \_\_\_\_\_

I agree/authorize the following amount to be deducted bi-weekly: \$ \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Check one of the following:

OAA Academy/Elementary Tuition

PAYAD Advance Salary Request

CDL Child Development

OUMKT Market

ONACT On Account (Tuition Pymt) Student Name & ID: \_\_\_\_\_

OU2OU Oakwood to Oakwood

PRRI PR – Restricted Income

UNCF United Negro College Fund (UNCF)

WJOU WJOU (Oakwood University Radio)

Other \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

*This deduction is voluntary and is not a condition of employment*