UNIVERSITY CORPORATION
CSU MONTEREY BAY
Research, Housing and Commercial Services

Payroll Deduction Authorization

Payroll Services

Instructions

1. Complete employee information
2. Select deduction type, action, and beginning pay period for all desired deductions
3. Sign & date form
4. *Email to: corporation_payroll@csumb.edu*

Employee Information		
OtterID	**First Name**	**Last Name**

Deduction Information							
Deduction Type **(select all that apply)**		**Deduction Amount monthly**	**Action** **(select all that apply)**			**Effective** **Pay Period**	
			New	**Delete**	**Change**	**Month**	**Year**
	Gym Only	$18.00					
	Pool Only	$18.00					
	Gym/Pool	$22.00					
	PreTax-Parking	$14.00					
	Please complete the link*Donation to CSUMB	$					

_____
Date

_____
Employee Signature

_____
Date

_____
Employer Representative Signature