



Federal Work Study / America Reads and Count's Program
Voluntary Payroll Deduction Authorization Form

PART I: DEDUCTION INFORMATION

Name: _____ Campus: _____

Date: _____ Student ID: _____ Tel #: _____

Type: New Change Cancel

Academic Year: _____ Start Date: _____ End Date: _____

Total Amount to Be Deducted: \$ _____

Percent Deducted per Pay Period: 75% 50% 25% Other ____% Fixed Amount: \$ _____

PART II: STUDENT AUTHORIZATION

In accordance with federal regulations (34 CRF 675.16(b) & (d) and CRF 676.25), I hereby authorize **Long Island University** to deduct the amounts noted above for the academic year up to the total amount specified. I understand that this payroll deduction will begin with the next available pay cycle and end with the last pay cycle of the academic year or until my total amount has been deducted. I understand that I can modify or cancel this authorization in writing at any time and that, if cancelled, the deduction cannot be restarted until the following academic year. If this authorization is cancelled or my employment with Long Island University ends, I must immediately make alternative payment arrangements with the Enrollment Services office on my campus for any remaining balance.

Signature: _____ Date: _____

PART III: ENROLLMENT SERVICES APPROVAL

Signature: _____ Date: _____

Title: _____

PART IV: PAYROLL APPROVAL

Signature: _____ Date: _____

Title: _____

Starting Pay Period: _____ Final Pay Period: _____