STATE OF HAWAII	SALARY	ASSIGN	MENT/CANC	ELLAT	ION		-				
DEPARTMENT			SUB-DIVISION OR SO	HOOL							
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FORM NO. SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL TYPE AGENT UH 795					PLAN	LAN I.D. NO. DI		DEPT.		
THE UNDERSIGNED HEREBY: ASSI	NY COMPENSATION OR CANCELS						FOR AGENCY USE				
(CHECK ONE BOX ONLY, IF "ASSIGNS")	EFFECTIVE WITH THE PAYROLL     PERIOD THAT INCLUDES					DED	DEDUCTION AMOUNT		,		
THE FIRST MONTH  AND \$ EACH MONTH THEREAFTER		MONTH DAY YEAR					DUE	s			
AND V DOTHORY THE CONTROL OF TH		THE PAYROLL PERIOD PRIOR TO.						INS.		i <b>}</b>	
PERCENT EACH MONTH%		1						PROT.		_	
MY NET WAGES	WHEN MY COMMITMENT OF \$ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.						UNION				
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FOR REVERSE SIDE OF THIS APPLICATION	TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE University of Hawaii Foundation 2444 Dole St., Bachman Hall 105 Honolulu, HI 96822										
DATE EMPLOYEE OR AUTHORIZ	DATE AUTHORIZED SIGNATURE OF ASSIGNEE						TAL		•		
STATE COMPTROLLER (CENTRA				uncered kundali kilomine kali kilomin (kuli kilomi	HITTE LANCE HE ARE PROPERTY AND	ed finnessin von niesenhinessissenschrieben schrieb	STATE AC				
STATE OF HAWAII DEPARTMENT	SALAR		MENT/CANC SUB-DIVISION OR SO	ELLAT		# 1. 1994 1 + 1. 1 ·				1	
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AND \$ EACH MON	WITH ENDING DEDUCTIONS FOR     THE PAYROLL PERIOD PRIOR TO						S INS.				
PERCENT EACH MONTH	MONTH DAY YEAR						PROT.				
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I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FO	ORTH ON THE	TYPE	AGENT'S NAME, BRAN			CODE HERE					
REVERSE SIDE OF THIS APPLICATION	University of Hawaii Foundation  2444 Dole St., Bachman Hall 105								1		
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STATE OF HAWAII	SALAR	ASSIGN	MENT/CANC	ELLA	TION .		JANUARY	1, 2000 (	REVISED)		
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<ul><li>☐ PERCENT EACH MONTH</li><li>☐ MY NET WAGES</li></ul>	WHEN MY COMMITMENT OF \$ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.						UNION				
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I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FOR REVERSE SIDE OF THIS APPLICATION	TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE University of Hawaii Foundation							***************************************			
			2444 Dole St., Honolulu, HI 9		Hall 105					   	
DATE EMPLOYEE OR AUTHORIZ	DATE AUTHORIZED SIGNATURE OF ASSIGNEE						TAL				