

STATE OF HAWAII

SALARY ASSIGNMENT/CANCELLATION

DEPARTMENT			SUB-DIVISION OR SCHOOL						
FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE UH	AGENT 795	PLAN	I.D. NO.	DEPT.
THE UNDERSIGNED HEREBY: <input type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS (CHECK ONE BOX ONLY, IF "ASSIGNS")					FOR AGENCY USE				
<input type="checkbox"/> \$_____ THE FIRST MONTH AND \$_____ EACH MONTH THEREAFTER					<input type="checkbox"/> EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES _____ MONTH DAY YEAR				
<input type="checkbox"/> PERCENT EACH MONTH _____ %					<input type="checkbox"/> WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO _____ MONTH DAY YEAR				
<input type="checkbox"/> MY NET WAGES					<input type="checkbox"/> WHEN MY COMMITMENT OF \$_____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.				
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE 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 AUTHORIZED SIGNATURE _____					DATE _____ AUTHORIZED SIGNATURE OF ASSIGNEE _____				
STATE COMPTROLLER (CENTRAL PAYROLL)					STATE ACCOUNTING FORM D-60 JANUARY 1, 2000 (REVISED)				

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