

STATE OF HAWAII

SALARY ASSIGNMENT/CANCELLATION

DEPARTMENT				SUB-DIVISION OR SCHOOL					
FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE <b>UH</b>	AGENT <b>795</b>	PLAN	I.D. NO.	DEPT.

THE UNDERSIGNED HEREBY: <input type="checkbox"/> <b>ASSIGNS</b> OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII				OR <input type="checkbox"/> <b>CANCELS</b>		<b>FOR AGENCY USE</b>		
(CHECK ONE BOX ONLY, IF "ASSIGNS")				● EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES .....		DEDUCTION    AMOUNT		
<input type="checkbox"/> \$ _____ THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER				MONTH    DAY    YEAR		DUES		
<input type="checkbox"/> PERCENT EACH MONTH _____ %				● WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO .....		LIFE INS.		
<input type="checkbox"/> MY NET WAGES				MONTH    DAY    YEAR		INC. PROT.		
● WHEN MY COMMITMENT OF \$ _____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.						CR. UNION		

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 PO Box 11270 Honolulu, HI 96828-0270				
DATE	EMPLOYEE OR AUTHORIZED SIGNATURE			DATE	AUTHORIZED SIGNATURE OF ASSIGNEE			
				<b>TOTAL</b>				

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-60  
JANUARY 1, 2000 (REVISED)

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