



UNIVERSITY
of HAWAII®
FOUNDATION

**Instructions for Salary Assignment/Cancellation (Form D-60)
PDF Form Fillable Version**

When filling in the first form, all the other forms will automatically fill in for you.

1. DEPARTMENT - University of Hawaii
2. SUB-DIVISION OR SCHOOL - Enter the employing College/School/Department
3. FORM NO. – Leave blank
4. SOCIAL SECURITY NO. - Enter your social security number (without dashes)
5. LAST NAME, FIRST NAME, MIDDLE INITIAL – The name must be identical with the name reflected on the Employee’s Earnings and Deductions Statement. A comma must be placed between the last name and the first name; do not use a comma elsewhere in the name.
6. TYPE - **UH**
7. AGENT – **795**
8. PLAN – Leave blank
9. ID NO. - Leave blank
10. DEPT – **F**
11. THE UNDERSIGNED HEREBY: Click on ‘Assigns’ or ‘Cancels’ box as appropriate

PAYROLL DEDUCTIONS – Please check only one box if “ASSIGNS”

12. • Enter your monthly deduction amount in ‘the first month’ box. Please use decimal points in the amount. **If the amount for each month thereafter is the same as the first month, please leave it blank**
13. • The percentage of the gross pay to be deducted. Please write in percent manually.
14. • Employee’s net wages will be deducted. Please check the box manually.

Enter the date when the assignment or cancellations is to take effect

EFFECTIVE – MM/DD/YY (you need to type in the forward slashes)

15. • For Assignments – Any date recorded from the 1st to the 15th of a month is to begin in the first half payroll period of the month. Any date recorded from the 16th to the 30th (31st) of a month is to begin in the second half payroll of the month
 - For Cancellations – Any date recorded from the 1st to the 15th of a month will indicate that the deduction will not be taken in the first half payroll period of the month.

ENDING

16. • Enter the date when the termination of the assignment is to take effect. Any date recorded from the 1st to the 15th of the month is to end in the first half payroll period of the month. *** If you are filling in a commitment amount, please leave this blank*

COMMITMENT

17. • Enter the total dollar amount you want deducted. When this amount has been reached, the assignment will be terminated. ***If you are filling in an ending date, please leave this blank*

If both the Ending date and Commitment are left blank, then the assignment will continue until a salary cancellation is submitted.

18. FOR AGENCY USE – Leave blank
19. Click on ‘Print Form’ when document is filled out
20. Sign & date the ‘I CERTIFY’ box on the bottom left-hand corner. Please sign the first form.
21. Send to the University of Hawaii Foundation, PO Box 11270, Honolulu, HI 96828-0270

Please allow the UH Foundation two weeks (10 business days) before the effective date to process to the DAGS office. This form must be reported into the DAGS Central Payroll Office at least two weeks before the intended starting date.

On a separate page, please include a home and business address for our records. Please indicate the UHF account you would like your donation to support. If you want your donation to be divided between multiple accounts, please provide the amount for each account.

If you already have a current payroll deduction and would like to make any changes or additions, please contact Lynnette Lum at payroll-giving@uhfoundation.org or call (808) 956-2135 for proper processing.

Terminating or Retiring

Please Note: Unless there is a commitment amount or an end date, all salary assignments remain valid until we receive a salary cancellation form from you. If you are terminating your employment or retiring from the University, please submit a D-60 to cancel your salary assignment. If you leave the University and then return or gain employment with any other State agency that gets paid through DAGS, this salary assignment is still valid and will take effect with your first paycheck upon your return.



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**Instructions for Salary Assignment/Cancellation (Form D-60)
Hard Copy**

You are filling out three copies, please use typewriter, or print with ball point pen with heavy impression

1. DEPARTMENT – Enter the title of the department in which the employee is employed
2. SUB-DIVISION OR SCHOOL - Enter the employing College/School/Department
3. FORM NO. – Leave blank
4. SOCIAL SECURITY NO. - Enter your social security number
5. LAST NAME, FIRST NAME, MIDDLE INITIAL – The name must be identical with the name reflected on the Employee’s Earnings and Deductions Statement. A comma must be placed between the last name and the first name; do not use a comma elsewhere in the name.
6. TYPE - **UH**
7. AGENT - **795**
8. PLAN – Leave blank
9. ID NO. - Leave blank
10. DEPT – **F**
11. THE UNDERSIGNED HEREBY: Check off ‘Assigns’ or ‘Cancels’ box as appropriate

PAYROLL DEDUCTIONS – Please check only one box if “ASSIGNS”

12. • Enter your monthly deduction amount in ‘the first month’ box. **If the amount for each month thereafter is the same as the first month, please leave it blank**
13. • The percentage of the gross pay to be deducted.
14. • Employee’s net wages will be deducted

Enter the date when the assignment or cancellations is to take effect

EFFECTIVE – MM/DD/YY

15. • For Assignments – Any date recorded from the 1st to the 15th of a month is to begin in the first half payroll period of the month. Any date recorded from the 16th to the 30th (31st) of a month is to begin in the second half payroll of the month
 - For Cancellations – Any date recorded from the 1st to the 15th of a month will indicate that the deduction will not be taken in the first half payroll period of the month.

ENDING

16. • Enter the date when the termination of the assignment is to take effect. Any date recorded from the 1st to the 15th of the month is to end in the first half payroll period of the month. ***If you are filling in a commitment amount please leave this blank*

COMMITMENT

17. • Enter the total dollar amount you want deducted. When this amount has been reached the assignment will be terminated. ***If you are filling in an ending date please leave this blank*

If both the Ending date and Commitment are left blank, then the assignment will continue until an assignment cancellation is submitted

18. FOR AGENCY USE – Leave Blank

19. Sign and date the 'I CERTIFY' box on the bottom left-hand corner. Please sign the first form.

20. Send to the University of Hawaii Foundation, PO Box 11270, Honolulu, HI 96828-0270

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