Alaska CHRISTIAN COLLEGE

Employee Selected Deduction Form

Employee Deparment		Work Phone
Last Name	First	M.

Please Read: To start, stop, or change employee selected deductions from ACC pay; the deductions below can be started, stopped, or changed by the employee at any time. Please allow two (2) pay periods for processing. After signing and dating the completed form, submit it to the Human Resources office. Complete the form in blue or black ink.

Employee Selected Deduction:

☐ Start Deduction ☐ Stop Deduction ☐ Change Deduction (Explain: _____)

Deduction Name: _____ Start Date: _____ Stop Date: _____

Biweekly Amount: _____ Goal Amount (optional): _____

Department Approval/Notification (if applicable): _____

Employee Selected Deduction:

☐ Start Deduction ☐ Stop Deduction ☐ Change Deduction (Explain: _____)

Deduction Name: _____ Start Date: _____ Stop Date: _____

Biweekly Amount: _____ Goal Amount (optional): _____

Department Approval/Notification (if applicable): _____

Employee Selected Deduction:

☐ Start Deduction ☐ Stop Deduction ☐ Change Deduction (Explain: _____)

Deduction Name: _____ Start Date: _____ Stop Date: _____

Biweekly Amount: _____ Goal Amount (optional): _____

Department Approval/Notification (if applicable): _____

Employee Selected Deduction:

☐ Start Deduction ☐ Stop Deduction ☐ Change Deduction (Explain: _____)

Deduction Name: _____ Start Date: _____ Stop Date: _____

Biweekly Amount: _____ Goal Amount (optional): _____

Department Approval/Notification (if applicable): _____

Employee Authorization:

I authorize the Alaska Christian College to make appropriate deductions for the options that I have listed above.

_____ _____ _____

Employee Signature Date E-mail Address

For Office Use Only:

Entered by: _____ Date: _____ Effective: _____

Revised 04/02/2019