THE UNIVERSITY OF WEST FLORIDA STAFF SENATE EMERGENCY FUND PAYROLL DEDUCTION AUTHORIZATION

Name (please print)	UWF ID#:
Effective Pay Date	Amount of biweekly deduction \$
One time donation	\$
•	e University of West Florida to deduct the amount listed from my salary as specified above. Biweekly in in effect until changed or cancelled.
Employee's Signature	Work Phone Number Date

Please cancel my deduction effective: ______.

Completed form should be submitted to: UWF Foundation Office, building 12.

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