

# NON-STATUTORY PAYROLL DEDUCTION ELECTION FORM

## Voluntary Payroll Deductions

**Instructions:** Use this form to authorize, change, or cancel voluntary (non-statutory) payroll deductions. Completed forms must be submitted to the Payroll Department prior to the pay period in which the deduction is to take effect.

### 1. EMPLOYEE INFORMATION

**Employee Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

### 2. TYPE OF ACTION

- New Deduction
- Change Existing Deduction
- Cancel Existing Deduction
- One-Time Deduction

### 3. DEDUCTION SELECTION & AUTHORIZATION DETAILS

Deduction Category	Amount Per Pay Period (\$)	Pre-Tax / Post-Tax
<input type="checkbox"/> Retirement Savings (401k/Roth)	_____	<input type="checkbox"/> Pre <input type="checkbox"/> Post
<input type="checkbox"/> Health Savings Account (HSA)	_____	<input type="checkbox"/> Pre <input type="checkbox"/> Post
<input type="checkbox"/> Flexible Spending Account (FSA)	_____	<input type="checkbox"/> Pre <input type="checkbox"/> Post
<input type="checkbox"/> Supplemental Life Insurance	_____	<input type="checkbox"/> Pre <input type="checkbox"/> Post
<input type="checkbox"/> Charitable Contribution	_____	<input type="checkbox"/> Pre <input type="checkbox"/> Post
<input type="checkbox"/> Union Dues	_____	<input type="checkbox"/> Pre <input type="checkbox"/> Post
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> Pre <input type="checkbox"/> Post

**Effective Date:** \_\_\_\_\_ **Termination Date (if applicable):** \_\_\_\_\_

### 4. AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the amount(s) indicated above from my salary/wages each pay period. I understand that these voluntary deductions will continue until I submit a written change or cancellation request, or upon termination of my employment. I acknowledge that the deductions selected as "Pre-Tax" are subject to IRS rules and regulations, and cannot be changed outside of open

enrollment periods unless a qualifying life event occurs. I accept responsibility for ensuring my net pay is sufficient to cover these authorized voluntary deductions.

**Employee Signature:**

**Date:**

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**5. PAYROLL OFFICE USE ONLY**

**Processed By (Name/Signature):**

**Date Processed:**

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