Payroll Deduction Form for NC State Employees

Full Name: ________________________________ Employee ID: ________________________________

Job Title: ________________________________ Department: ________________________________

Campus Address: __________________________ Home Address: ____________________________

__________________________________________ ________________________________

Campus Phone: ____________________________ Home Phone: ____________________________

Pay Period: Bi-weekly: Monthly: For office use only ID# ________________________________

I wish to make the following monthly contribution to NC State.

$500 $250 $100 $50 $10 Other $ ____________ (must be greater than $10 per fund per month)

Please check one:

I would like my deduction to be ongoing until further written notice.

I would like my deduction to stop at the end of this fiscal year. The last deduction for the fiscal year is May.

I authorize the University Payroll Office to deduct the amount indicated from my pay each pay period. I understand that I may cancel the authorization by written notice to the University Payroll Office. Note: changes received after the 10th of the month will be effective in the next month. If you would like to adjust the amount of your deduction, please call the College of Sciences Foundation Office at 515-3462.

Signature* ________________________________ Date ________________

*If completing and submitting this form electronically, you may type your full name here in place of your signature.

I would like to designate my contribution of $10 or more per fund per month as follows:

<table>
<thead>
<tr>
<th>Monthly Amount</th>
<th>Fund</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ ____________</td>
<td>Fund for Excellence</td>
<td>__________</td>
</tr>
<tr>
<td>$ ____________</td>
<td>General Fund for the Department of _______</td>
<td>__________</td>
</tr>
<tr>
<td>$ ____________</td>
<td>Other* _________________________________</td>
<td>__________</td>
</tr>
<tr>
<td>$ ____________</td>
<td>Other* _________________________________</td>
<td>__________</td>
</tr>
</tbody>
</table>

*For a complete list of College of Sciences funds, please visit sciences.ncsu.edu.

Thanks for supporting the College of Sciences!

Please return this form to:
Office of Advancement, College of Sciences
Box 8201, NC State University, Raleigh, NC, 27695-8201
Phone: 919-515-3462 Fax: 919-515-7855 E-mail: sciences-advancement@ncsu.edu