



**Federal Work Study / America Reads and Count's Program**  
*Voluntary Payroll Deduction Authorization Form*

**PART I: DEDUCTION INFORMATION**

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ Tel #: \_\_\_\_\_

Type:  New  Change  Cancel

Academic Year: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Amount to Be Deducted: \$\_\_\_\_\_

Percent Deducted per Pay Period:  75%  50%  25%  Other \_\_\_\_%  Fixed Amount: \$\_\_\_\_\_

**PART II: STUDENT AUTHORIZATION**

In accordance with federal regulations (34 CRF 675.16(b) & (d) and CRF 676.25), I hereby authorize **Long Island University** to deduct the amounts noted above for the academic year up to the total amount specified. I understand that this payroll deduction will begin with the next available pay cycle and end with the last pay cycle of the academic year or until my total amount has been deducted. I understand that I can modify or cancel this authorization in writing at any time and that, if cancelled, the deduction cannot be restarted until the following academic year. If this authorization is cancelled or my employment with Long Island University ends, I must immediately make alternative payment arrangements with the Enrollment Services office on my campus for any remaining balance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III: ENROLLMENT SERVICES APPROVAL**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**PART IV: PAYROLL APPROVAL**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Starting Pay Period: \_\_\_\_\_  Final Pay Period: \_\_\_\_\_