



University of California, Irvine

The University of California, Irvine Foundation Payroll Deduction Authorization Form

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Employee ID Number (required)
_____ Department Name/Address		_____ Work Phone	
_____ Home Address		_____ Work Email	
_____ Employee Signature (required)		_____ Date	

Choose ONE Only:

- | | |
|---|---|
| <input type="checkbox"/> NEW Deduction | <input type="checkbox"/> ADDITIONAL Deduction |
| <input type="checkbox"/> REPLACEMENT for Existing Deduction | <input type="checkbox"/> Deduction CANCELLATION |

I wish to support the UC Irvine campus through The University of California, Irvine Foundation. I understand that this authorization for Payroll Deduction will remain in effect until employment separation, or the pledge is paid off or cancelled by me in writing.

I Authorize The Following Payroll Deduction:

- Monthly Deduction of \$ _____; until my Total Pledge of \$ _____ is fulfilled
~OR~
- Ongoing Payroll Deduction of \$ _____ per Month
~OR~
- One Time Deduction of \$ _____

Designate my gift to support: _____

<p>Please complete the above information and return this form to the following address:</p> <p>UCI Gift Administration; University Advancement 4199 Campus Drive, Suite 400 UT Irvine, CA 92697-5602</p>	<p>NOTE: Deduction forms will be processed immediately upon receipt by the UCI Payroll Office. Because of UCI Foundation and Payroll processing requirements and deadlines, this payroll deduction may take up to two (2) pay periods to begin.</p>
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For Gift Administration/Payroll Use Only:			
Entity ID: _____	GTN: _____	Allocation: _____	Appeal: _____
Comments: _____		Fund: _____	Campaign Code: _____

I also authorize the Regents to remit, or otherwise transfer this amount to the UCI Foundation. This authorization is pursuant to the terms and conditions of my pledge. I understand that I may cancel this deduction at any time. I understand that cancellation of this deduction does not automatically cancel my pledge to the UCI Foundation.

I understand that this authorization shall remain in effect until revoked by me, allowing up to 30 days time to change the payroll records in order to make effective any changes in the deduction. This authorization does not cover deductions for any time prior to the payroll period in which the initial deduction is made. This agreement may be revoked by the university in the event that the eligibility of the UCI Foundation is withdrawn, or upon termination of my employment with the university.

I understand and further agree that neither the Regents of the University of California nor any officer or employee thereof shall be held responsible or liable for any inadvertence or error in withholding or transmitting payroll deductions to the UCI Foundation or for any change in the rules and regulations of the UCI Foundation, except for monies actually withheld and not transmitted.

In the event there are insufficient earnings to cover all required and authorized deductions, including those required by law, I understand that deductions will be taken in the order of priority assigned by the university and that no adjustment will be made by reason of insufficient earnings.

Privacy Notices

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. This record-keeping system was established prior to January 1, 1975, pursuant to the authority of the Regents of the University of California under Art. IX, Sec. 9 of the California Constitution. The social security number is used to verify your identity.

The State of California Information Practices Act of 1977 requires the university to provide the following information to individuals who are asked to supply information:

The principal purpose for requesting the information on this form is for payroll deduction for the UCI Foundation. University policy authorizes maintenance of this information.

Furnishing all information requested on this form is mandatory – failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various university departments, and the UCI Foundation for fund administration, and will be transmitted to state and federal governments if required by law.

Individuals have the right to review their own records in accordance with Staff Personnel Policy 605, Administrative and Professional Staff Policy 160, Management and

Professional Program Policy 60, Executive Program Policy 20 and Academic Personnel Policy 160. Information on these policies may be obtained from staff and academic personnel offices at the campuses or the Office of the President.

The official responsible for maintaining the information contained on this form is the campus accounting officer.