

Education Foundation Deduction Form

LOCATION: _____

EMPLOYEE # (Lawson ID): _____ EFF DATE: _____

Social Security Number (Last 4 digits only): _____

Name (Print): _____

Please check the appropriate line below to elect, change or discontinue your Education Foundation deduction and enter the amount.

The amount specified will be deducted from each bi-weekly pay.

Please forward your completed form to your Human Resource Representative.

*Human Resource Representative: Please forward election forms to CS HR Services
(Note: Excel spreadsheets should be emailed when election forms are submitted for greater than 15 elections)*

Bi-weekly deductions must be no less than \$5.00 per deduction.

Confirm the accuracy of this deduction by reviewing your pay statements under the heading "Foundation". Contact your Human Resources Representative if you have questions.

All contributions to the Education Foundation are tax deductible when filing your year-end tax information to the extent allowed by law under the Foundation's 501(c)(3) IRS tax status.

_____ Bi-weekly deduction (Deducted on regular pay cycles only) \$ _____ New Change

_____ Please discontinue my payroll deduction

Employee Signature: _____ Date: _____