

EMPLOYEE INFORMATION

Name: _____ **Employee ID#:** _____
(required – can be found on your timesheet)

Department: _____

PAYROLL DEDUCTION AUTHORIZATION

My monthly contribution is:

\$ _____ On-going monthly payroll deduction (suggested minimum amount of \$5.00).

Note: Employees paid biweekly will see one-half of the monthly amount deducted 24 times a year. There will not be a deduction on two biweekly pay checks in a year.

\$ _____ Monthly payroll deduction until my pledge of \$ _____ is fulfilled.

I want to support our campus through the UC Riverside Foundation. I understand my Payroll Deduction will remain in effect until employment termination or until canceled by me in writing.

If you currently have a payroll deduction, please check one:

- This form replaces current deduction
- This form is in addition to current deduction
- I wish to cancel my payroll deduction to the UC Riverside Foundation

This deduction is effective in the pay period following receipt of the form in the UC Riverside Foundation Office, subject to Payroll Office cut-offs.

GIFT DESIGNATION

Gifts can be split between multiple designations per employee’s direction. For a complete list of available designations, visit: myadv.ucr.edu

_____ The Living the Promise Fund

_____ Scholarship Assistance

_____ Staff Assembly/Society 54

_____ Other: _____

(Please list the fund, department, or program. Foundation fund must already exist.)

Signature: _____ **Date:** _____

Return completed form to: Advancement Services, Gift Administration at ucrgifts@ucr.edu. **For assistance, call (951) 827-6467.**