



GOVERNMENT OF GUAM
 (GUBETNOMENTON GUAHAN)
DEPARTMENT OF ADMINISTRATION
 (DIPATTAMENTON ATMENESTRASION)
PAYROLL SECTION
 (SEKSION SUETO)
 Post Office Box 884; Hagåtña, Guam 96932
 Tel: (671) 475-1195/1268 ~ Fax: (671) 472-9794



PAYROLL DEDUCTION AUTHORIZATION

INITIAL (FIRST REQUEST) SUPERCEDE # _____

EMPLOYEE NAME	DATE
DEPARTMENT / AGENCY NAME:	SOCIAL SECURITY NUMBER

EMPLOYEE'S CONTACT NUMBERS				DEPT. NO.
WORK: Ext No.	Pager:	Cellular:	HOME:	

FREQUENCY CODE:	ACCOUNT NO.
<input style="width:30px; height:20px; border:1px solid black;" type="text" value="3"/> EVERY PAY PERIOD	

TYPE OF DEDUCTION	<input type="checkbox"/> LIFE	<input type="checkbox"/> HEALTH	<input type="checkbox"/> AUTO	<input type="checkbox"/> BANK
	<input type="checkbox"/> OTHER: <i>(Please Specify):</i>			

I hereby authorize the Department of Administration / PAYROLL BRANCH, to withhold from my bi-weekly wages the amount & effective pay-period ending to the following Company / Agency unless otherwise advised.

<i>Payable to:</i>	
<i>Deduction Amount:</i> \$	<i>Effective Pay-period Ending:</i>

TERMS and CONDITIONS:

In consideration for participating in the Department of Administration / PAYROLL BRANCH's "Payroll Deduction Authorization" form, by signing below, I hereby **WAIVE and DISCHARGE**, the Dept. of Administration, their officers, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in this voluntary deduction activity; I further acknowledge that I am solely responsible to ensure that while in participation, my personal accounts are current at a minimum of sixty (60) days or more.

IN ADDITION TO THE PAYROLL DEDUCTION AUTHORIZATION, BY VIRTUE OF OUR SIGNATURES (EMPLOYEE, RETIREE, SURVIVOR, AND AGENCY REPRESENTATIVE) WE HEREBY DECLARE THAT THE DEDUCTION TRANSACTED HEREIN IS NOT FOR ANY FORM OF LIFE INSURANCE.

SIGNATURE OF AGENCY REPRESENTATIVE

EMPLOYEE's SIGNATURE

DATE

DATE

NOTE: One (1) Original and a copy are needed to process your payroll deduction.