

SWORN

START _____

STOP _____

CHANGE _____

City of San Antonio Payroll Deduction Form

Employee Name _____ Personal Number (SAP) _____

Personal Area (Dept) 1700 _____

Email _____

Please mark one of the following:

Recurring Deduction (0014) _____

One Time Deduction (0015) _____

Effective Date* _____

Deduction Name/Type (available on COSA Web) SAHPOO _____

Dollar Amount \$ \$6.00 _____

*For deductions effective prior to the first pay period in SAP, these must be calculated and processed as on time deduction to catch up payment.

Employee's Signature _____ Date _____

Information provided by _____ Date _____
(Printed Name)

Entered and Authorized By _____ Logon _____ Date _____