State of Ohio Department of Administrative Services ADM 6307 Rev. 11-07

# **AUTHORIZATION FOR PAYROLL DEDUCTION**

| Employee Name Employee ID  | Number  |
|--|---|
| Last First Middle  |   |
| I hereby authorize the State of Ohio to make the following   | g Deduction from my earnings:   |
| ☐ New Authorization ☐ Change ☐ Cancellation  | on Do Not Wish to Enroll  |
| <ul> <li>☐ Medical Insurance (Complete Health Care Form)</li> <li>☐ Insurance</li> <li>☐ Charity Pledge</li> <li>☐ Union Deduction (No Need to Fill in Amount Below)</li> </ul>  |   |
| ☐ Credit Union (Complete Credit Union Membership Form) ☐ City Income Tax   | PAYROLL OFFICER   |
| Savings Bond (Complete US Savings Bond Card)  Other  | PAYROLL NUMBER  |
| DEDUCT: % or Amount Effective Date   | DATE  |
| PAYABLE TO:         Deduction           Code   | SIGNATURE   |
| Employee Signature   |   |
| State of Ohio Department of Administrative Services ADM 6307 Rev. 11-07  Employee Name  AUTHORIZATION FOR PAYROLL  Employee ID   | DEDUCTION  Number   |
| Last First Middle  |   |
| I hereby authorize the State of Ohio to make the following   | g Deduction from my earnings:   |
| ☐ New Authorization ☐ Change ☐ Cancellation  | on Do Not Wish to Enroll  |
| <ul> <li>☐ Medical Insurance (Complete Health Care Form)</li> <li>☐ Insurance</li> <li>☐ Charity Pledge</li> </ul>   |   |
| ☐ Union Deduction (No Need to Fill in Amount Below) ☐ Credit Union (Complete Credit Union Membership Form)   | PAYROLL OFFICER   |
|  |   |
| ☐ City Income Tax ☐ Savings Bond (Complete US Savings Bond Card)   | PAYROLL NUMBER  |
| Savings Bond (Complete US Savings Bond Card)  Other  |   |
| Savings Bond (Complete US Savings Bond Card)  Other  | WORK LOCATION   |
| ☐ Savings Bond (Complete US Savings Bond Card)   | DATE  |
| Savings Bond (Complete US Savings Bond Card) Other  DEDUCT: % or Amount Effective Date  Deduction PAYABLE TO: Code   | WORK LOCATION   |
| Savings Bond (Complete US Savings Bond Card) Other  DEDUCT: % or Amount Effective Date Deduction   | DATE  |
| Savings Bond (Complete US Savings Bond Card)  Other  DEDUCT: % or Amount Effective Date  Deduction Code  Employee Signature  State of Ohio Department of Administrative Services ADM 6307 Rev. 11-07  AUTHORIZATION FOR PAYROLL                    | WORK LOCATION  DATE SIGNATURE  DEDUCTION                                      |
| Savings Bond (Complete US Savings Bond Card)  Other  DEDUCT: % or Amount Effective Date  Deduction Code  Employee Signature  State of Ohio Department of Administrative Services ADM 6307 Rev. 11-07  AUTHORIZATION FOR PAYROLL                    | DATE SIGNATURE  |
| Savings Bond (Complete US Savings Bond Card)  Other  DEDUCT: % or Amount Effective Date  Deduction Code  Employee Signature  State of Ohio Department of Administrative Services ADM 6307 Rev. 11-07  Employee Name Employee ID                    | WORK LOCATION  DATE SIGNATURE  DEDUCTION  Number                              |
| Savings Bond (Complete US Savings Bond Card)  Other  DEDUCT: % or Amount Effective Date  Deduction Code  Employee Signature  State of Ohio Department of Administrative Services ADM 6307 Rev. 11-07  Employee Name Employee ID  Last First Middle | WORK LOCATION DATE SIGNATURE  DEDUCTION  Number  Deduction from my earnings:  |
| Savings Bond (Complete US Savings Bond Card)  Other  | WORK LOCATION DATE SIGNATURE  DEDUCTION  Number g Deduction from my earnings: |
| Savings Bond (Complete US Savings Bond Card)  Other  | WORK LOCATION DATE SIGNATURE  DEDUCTION  Number g Deduction from my earnings: |
| Savings Bond (Complete US Savings Bond Card)  Other  | WORK LOCATION   |
| Savings Bond (Complete US Savings Bond Card) Other   | WORK LOCATION   |
| State of Ohio Department of Administrative Services AUTHORIZATION FOR PAYROLL ADM 6307 Rev. 11-07 Employee Name  | WORK LOCATION   |
| Savings Bond (Complete US Savings Bond Card)  Other  | WORK LOCATION   |

#### **EMPLOYEE INSTRUCTIONS**

- Return this card to your payroll officer
- Health Insurance, Dental Insurance, and US Savings Bonds require additional enrollment forms which you must also return to your payroll officer.
- Employees in union positions (non-exempt) will have a service fee automatically deducted from their pay check and sent to the union. If you wish to join the union, check the union membership block on this card.
- For all other deductions, indicate the name of the provider who should receive your donation.

#### **PAYROLL OFFICER INSTRUCTIONS**

- Insert the deduction amount and deduction code on the payroll journal.
- 2. Send Health and Dental enrollment cards to Benefits Administration.
- 3. Send US Savings Bond enrollment cards to Payroll Deductions.

#### **EMPLOYEE INSTRUCTIONS**

- 1. Return this card to your payroll officer
- Health Insurance, Dental Insurance, and US Savings Bonds require additional enrollment forms which you must also return to your payroll officer.
- Employees in union positions (non-exempt) will have a service fee automatically deducted from their pay check and sent to the union. If you wish to join the union, check the union membership block on this card.
- 4. For all other deductions, indicate the name of the provider who should receive your donation.

#### **PAYROLL OFFICER INSTRUCTIONS**

- Insert the deduction amount and deduction code on the payroll journal.
- Send Health and Dental enrollment cards to Benefits Administration.
- Send US Savings Bond enrollment cards to Payroll Deductions.

### **EMPLOYEE INSTRUCTIONS**

- 1. Return this card to your payroll officer
- Health Insurance, Dental Insurance, and US Savings Bonds require additional enrollment forms which you must also return to your payroll officer.
- Employees in union positions (non-exempt) will have a service fee automatically deducted from their pay check and sent to the union. If you wish to join the union, check the union membership block on this card.
- 4. For all other deductions, indicate the name of the provider who should receive your donation.

## **PAYROLL OFFICER INSTRUCTIONS**

- Insert the deduction amount and deduction code on the payroll journal.
- Send Health and Dental enrollment cards to Benefits Administration.
- Send US Savings Bond enrollment cards to Payroll Deductions.