



# FACULTY & STAFF PAYROLL DEDUCTION FORM

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_ CLID: \_\_\_\_\_

Title: \_\_\_\_\_ Office/Department: \_\_\_\_\_

I am also a UL Lafayette (check all that apply):

- Student
  Alumnus
  Parent
  Grandparent

## GIFT DESIGNATIONS

College or Department  
 (please specify): \_\_\_\_\_

Alumni Association Loyalty Fund

Ragin' Cajuns Athletic Foundation

University Annual Fund

Other Program/Unit  
 (please specify): \_\_\_\_\_

## PAYROLL DEDUCTION

Please check here if you are paid **monthly**: \_\_\_\_\_ **bi-weekly**: \_\_\_\_\_

I authorize UL Lafayette to withhold \$ \_\_\_\_\_ per pay period for a duration of

Indefinite
 **OR**
 \_\_\_\_\_ years
 **OR**
 \_\_\_\_\_ pay periods  
 for a total pledge of \$ \_\_\_\_\_ (if enrolling indefinitely, leave blank).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make a copy for your records.

To end your payroll deduction gift, please send an email to payroll@louisiana.edu.

Once completed, please return this form to UL Lafayette Payroll Office P.O. Box 40400 Lafayette, LA 70504.

PAYROLL DEDUCTION GUIDE					
10 months • 10 pay periods		12 months • 12 pay periods		12 months • 26 pay periods	
Deduction	Annual Gift Amount	Deduction	Annual Gift Amount	Deduction	Annual Gift Amount
\$5.00	\$50.00	\$5.00	\$60.00	\$5.00	\$130.00
\$10.00	\$100.00	\$10.00	\$120.00	\$10.00	\$260.00
\$25.00	\$250.00	\$25.00	\$300.00	\$25.00	\$650.00
\$50.00	\$500.00	\$41.67	\$500.00	\$38.47	\$1,000.22
\$100.00	\$1,000.00	\$83.34	\$1,000.08	\$50.00	\$1,300.00

**THANK YOU FOR SUPPORTING UL LAFAYETTE!**