

School of Health Professions Payroll Deduction Form

EMPLOYEE INFORMATION

Name (Last, First, M.I.) _____

Employee ID# _____ Title _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Preferred Email _____

GIFT FUND DESIGNATION

- | | |
|--|--|
| <input type="checkbox"/> School of Health Professions Annual Fund | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Emergency Health Sciences | <input type="checkbox"/> Medical Laboratory Sciences |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physician Assistant Studies |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech-Language Pathology |
| <input type="checkbox"/> President's Council - Health Professions (Minimum \$84/month) | |

Other Fund: _____

MONTHLY GIFT AMOUNT (Gift is tax deductible to the extent allowable by law)

- \$25 \$35 \$50 \$100
 \$84/month (President's Council)

Other monthly amount: _____
(\$25/month minimum donation)

Payroll deductions are allowed for full-time employees. This excludes hourly and part-time employees. Overtime hours cannot be used for payroll deductions.

AUTHORIZATION FOR PAYROLL DEDUCTION

I authorize the Office of Institutional Advancement and Payroll Services at UT Health San Antonio to initiate the monthly payroll gift deduction as indicated above.

I understand I may revoke this authorization at any time by giving both offices written notice.

I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me _____, or my employment with UT Health San Antonio terminates.

Print Name

Signature _____ Date _____

Please email your form to Gift Processing at: GiftProcessing@uthscsa.edu or mail it to the address listed below.

Thank you for making lives better!