

**UNIVERSITY OF THE SOUTHERN CARIBBEAN
PAYROLL DEDUCTION FORM**

I the undersigned _____

NAME

STAFF ID NUMBER

DEPARTMENT

Do hereby give the Payroll department instructions and authority to deduct from my earnings

the sum of \$ _____ in _____ monthly / fortnightly

installments with effect from _____ to _____

_____ payments at \$ _____ and _____ payments at

\$ _____ to be credited to my account.

() Tuition Fees for _____ (name) _____ (ID#)

() Payment on Account __USC Endowment Fund __USC Capital Development Fund

() Misc. Purchases

I understand that it is my personal responsibility to monitor these deductions to ensure that:

- 1. All deductions are made**
- 2. In the event of any oversight regarding this transaction I will promptly inform the Payroll department**
- 3. My account is credited**

Employee Signature

Date

Approved By