

**OAKWOOD UNIVERSITY
FUND REQUEST & PAYROLL DEDUCTION
AUTHORIZATION FORM for EMPLOYEES**

Date: _____

Total Amount: \$ _____

Employee Name (print): _____

Employee ID #: _____ Department Name: _____

I agree/authorize the following amount to be deducted bi-weekly: \$ _____

Start Date: _____

End Date: _____

Check one of the following:

OAA Academy/Elementary Tuition

PAYAD Advance Salary Request

CDL Child Development

OUMKT Market

ONACT On Account (Tuition Pymt) Student Name & ID: _____

OU2OU Oakwood to Oakwood

PRRI PR Restricted Income

UNCF United Negro College Fund (UNCF)

WJOU WJOU (Oakwood University Radio)

Other _____

Employee Signature: _____

Authorized Signature: _____

This deduction is voluntary and is not a condition of employment