

Comptroller General's Office Employee Information and Voluntary Recurring Deductions

Employee Information

New Request _____

Change Request _____

Personal Information (Completed by Employee)

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Job Information (Completed by Employer)

Title: _____ Personnel No: _____

Supervisor: _____ Agency Name and No: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact Information (Completed by Employee)

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Voluntary Recurring Deductions

Note: This form is to only be used for Voluntary Deductions offered by non-state third parties who have been assigned a wage type code by the Office of the Comptroller General. Please contact your Benefits Administrator for any deductions administered through PEBA, Great West, or FBMC. Please also note that you (Employee) may also make the changes below within MySCEmployee.

Recurring Voluntary Deductions

Wage Type	Deduction Name	Semi-Monthly Deduction Amount

I hereby authorize my employer to deduct from my earnings the amounts indicated above to enable me to participate in the above payroll deduction plans. I reserve the right to revoke the authorization at any time by giving written notice to my employer or by making appropriate changes in MySCEmployee.

Authorized Agency Signature

Date

Title

Employee's Signature