READ INSTRUCTIONS ON REVERSE SIDE CAREFULLY

FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY

(USE TYPEWRITER, OR PRINT WITH BALL POINT PEN WITH HEAVY IMPRESSION)

STATE OF HAWAII **SALARY ASSIGNMENT/CANCELLATION**

DEPARTMENT	SUB-DIVISION OR SCHOOL
UNIVERSITY OF HAWAII	ARTS & HUMANITIES

FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE	AGENT	PLAN	I.D. NO.	DEPT.
	111 22 3333	DOE, JOHN	OP	023			F

THE UNDERSIGNED HEREBY: ☒ **ASSIGNS** **OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII** **OR** ☐ **CANCELS**

(CHECK ONE BOX ONLY, IF **"ASSIGNS"**)

☒ $ 50.00 THE FIRST MONTH

AND $ _____ EACH MONTH THEREAFTER

☐ PERCENT EACH MONTH _____ %

☐ MY NET WAGES

- **EFFECTIVE** WITH THE PAYROLL PERIOD THAT **INCLUDES**..... 03 / 01 / 06 (MONTH / DAY / YEAR)
- WITH **ENDING** DEDUCTIONS FOR THE PAYROLL PERIOD **PRIOR TO**... ___ / ___ / ___ (MONTH / DAY / YEAR)
- WHEN MY COMMITMENT OF $ 1,000.00 IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.

FOR AGENCY USE

DEDUCTION	AMOUNT
DUES	
LIFE INS.	
INC. PROT.	
CR. UNION	
TOTAL	

I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION

02-28-06 (DATE) Administrative Assignment* (EMPLOYEE OR AUTHORIZED SIGNATURE)

TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE

UNIVERSITY OF HAWAII
PAYROLL OFFICE

02-28-06 (DATE) [signature] (AUTHORIZED SIGNATURE OF ASSIGNEE)

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-60
JANUARY 1, 2000 (REVISED)

* "Administrative Assignment", required by HRS Section 78-12(f), should be typed on the "EMPLOYEE OR AUTHORIZED SIGNATURE" line. The department head or his designee should sign on the "AUTHORIZED SIGNATURE OF ASSIGNEE" line.