STATE OF HAWAII	SALARY ASS		NT/CANCELLATION		Exhibit F	
University of Hawaii		SUB-DIVISION OR SCHOOL SAMPLE				
FORM NO.		TIAL	TYPE		.NO. DEP	
THE UNDERSIGNED HEREBY: ASSIGNS (CHECK ONE BOX ONLY, IF "ASSIGNS") S THE FIRST MONTH AND \$ EACH MONTH THE PERCENT EACH MONTH 25.00 MY NET WAGES I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON REVERSE SIDE OF THIS APPLICATION Administrative Assign DATE EMPLOYEE OR AUTHORIZED SIGN STATE COMPTROLLER (CENTRAL)	HEREAFTER WITH		R O	DUES LIFE INS. INC. PROT.		
STATE OF HAWAII University of Hawaii	SALARY ASSI	GNMENT/CANCELL SUB-DIVISION OR SCHOOL SAMPLE	ATION	Ex i 't		
FORM NO					NO DEPT	
THE UNDERSIGNED HEREBY: ASSIGNS (CHECK ONE BOX ONLY, IF "ASSIGNS") \$	THE UNIVERSE	FECTIVE WITH THE PAYROLL RIOD THAT INCLUDES TH ENDING DEDUCTIONS FOR E PAYROLL PERIOD PRIOR TO HEN MY COMMITMENT OF \$_2 ON RECEIPT OF MY ASSIGNA TYPE AGENTS NAME, BRANCH, ADI VERSITY OF HA	MONTH DAY YEAR O. MONTH DAY YEAR 2000.00 IS PAID O' MENT CANCELLATION. DRESS AND ZIP CODE HERE	IF N P	AMOUNT I I	
Administrative Assign		ROLL OFFICE			t	
DATE EMPLOYEE OR AUTHORIZED SIGN		E AUTHORIZED	SIGNATURE OF ASSIGNEE	TOTAL	1	
AGENT COPY				STATE ACCOUNTII JANUARY 1, 2000 (
STATE OF HAWAII	SALARY ASSI	GNMENT/CANCELL	ATION	Exhibit	F	
University of Hawaii		SAMPLE	·			
	Æ, FIRST NAME, MIDDLE INI		OP 023	PLAN I.D.	NO. DEPT	
THE UNDERSIGNED HEREBY. ASSIGNS	OUT OF ANY COMP		CANCELS	FOR AG	SENCY USE	
(CHECK ONE BOX ONLY, IF "ASSIGNS") \$THE FIRST MONTH		EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES		DEDUCTION	AMOUNT	
AND \$ EACH MONTH THEREAFTER		MONTH DAY YEAR WITH ENDING DEDUCTIONS FOR		DUES		
✓ PERCENT EACH MONTH 25.00 %		THE PAYROLL PERIOD PRIOR TO MONTH DAY YEAR				
☐ MY NET WAGES		WHEN MY COMMITMENT OF \$ 2000,00 IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.		R CR. UNION		
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE		TYPE AGENT'S NAME, BRANCH, ADD	DRESS AND ZIP CODE HERE			
REVERSE SIDE OF THIS APPLICATION		UNIVERSITY OF HAWAII				
Administrative Assignment		PAYROLL OFFICE				
DATE EMPLOYEE OR AUTHORIZED SIGNATURE		DATE AUTHORIZED SIGNATURE OF ASSIGNEE		_ TOTAL	i	