A8.872
Attachment 2

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 — Payroll No/WD code

DEPARTMENT	SUB-DIVISION OR SCHOOL
University of Hawaii	Department

FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE	AGENT	PLAN	I.D. NO.	DEPT.
	XXX XX XXXX	DOE, John	PP	006			F

THE UNDERSIGNED HEREBY: [X] ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR [ ] CANCELS

(CHECK ONE BOX ONLY, IF "ASSIGNS")

[X] $ 1000.00 THE FIRST MONTH
AND $ _____ EACH MONTH THEREAFTER

[ ] PERCENT EACH MONTH _____ %

[ ] MY NET WAGES

- EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES ..... 03 (MONTH) / 01 (DAY) / 06 (YEAR)
- WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO ____ (MONTH) / ____ (DAY) / ____ (YEAR)
- WHEN MY COMMITMENT OF $ 500.00 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

xx-xx-xx (DATE) John Doe (EMPLOYEE OR AUTHORIZED SIGNATURE)

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

xx-xx-xx (DATE) _____ (AUTHORIZED SIGNATURE OF ASSIGNEE)

STATE COMPTROLLER (CENTRAL PAYROLL)

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