

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 UNIVERSITY OF HAWAII				SUB-DIVISION OR SCHOOL 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: <input checked="" type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS				FOR AGENCY USE							
<small>(CHECK ONE BOX ONLY, IF "ASSIGNS")</small>											
<input checked="" type="checkbox"/> \$ <u>50.00</u> THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER <input type="checkbox"/> PERCENT EACH MONTH _____% <input type="checkbox"/> MY NET WAGES				<ul style="list-style-type: none"> • EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES..... <u>03 / 01 / 06</u> <small>MONTH DAY YEAR</small> • WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO... _____ / _____ / _____ <small>MONTH DAY YEAR</small> • WHEN MY COMMITMENT OF \$ <u>1,000.00</u> IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION. 							
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION _____ <small>DATE</small> <small>EMPLOYEE OR AUTHORIZED SIGNATURE</small>				TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE UNIVERSITY OF HAWAII PAYROLL OFFICE _____ <small>DATE</small> <small>AUTHORIZED SIGNATURE OF ASSIGNEE</small>				DEDUCTION		AMOUNT	
								DUES			
		LIFE INS.				INC. PROT.					
		CR. UNION				TOTAL					
STATE COMPTROLLER (CENTRAL PAYROLL)				STATE ACCOUNTING FORM D-89 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.