



EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

DATE SUBMITTED

EMPLOYEE INFORMATION
LAST NAME, FIRST NAME, M.I., BADGE, PHONE NUMBER, E.I.N., EFFECTIVE DATE

ACTIVATE PAYROLL DEDUCTION table with columns: Deduction, Pay Code, Amount. Includes options for ASTA/AHPA Sworn, Civilian, FOP Lodge #32, and FOPA Lodge #32.

CANCEL PAYROLL DEDUCTION table with columns: Deduction, Pay Code. Includes options for ASTA/AHPA Sworn, Civilian, FOP Lodge #32, and FOPA Lodge #32.

AUTHORIZATION
I hereby request and authorize the State of Arizona to deduct from my pay any deductions I have indicated in the Activate section of this form.

SIGNATURE OF EMPLOYEE

DATE

FINANCE SECTION ONLY

PAYROLL SPECIALIST
DPS 802-03110 Rev. 02-2022

DATE COMPLETED