



Southeastern Louisiana University Foundation
Payroll Deduction Authorization Form for Southeastern Employees

Please submit completed form to: Southeastern Foundation, SLU 10293, Hammond, LA 70402
Questions? Please call 985.549.2239.
Thank you for your generosity and for supporting Southeastern!

I hereby authorize Southeastern Louisiana University to deduct from my salary, until further notice, \$\_\_\_\_\_ per pay period for deposit in the Southeastern Louisiana University Foundation. The Foundation is the primary fund raising arm of the University and is a non-profit 501 (3) (c) corporation. Contributions to the Southeastern Louisiana University Foundation are eligible for tax deductions.

I further hereby waive on behalf of myself, my heirs, successors and assign any and all rights against Southeastern Louisiana University and/or the State of Louisiana (and any officer, employee, or agency thereof) arising out of the deduction, non-deduction, processing, or any other handling of the named voluntary deduction.

I understand that this form supersedes and replaces all prior authority for Southeastern Foundation deductions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ W#: \_\_\_\_\_

Employee Name (please print): \_\_\_\_\_
First MI Last

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Preferred E-mail: \_\_\_\_\_

This payroll deduction will start with the next pay period. Contributions through payroll deductions are to be used to support the "mission" of Southeastern Louisiana University.

Designation (list dollar amount of each pay period deduction):
(Please include, on this form, any prior Foundation deductions you would like to remain in your payroll deduction.)

- \$\_\_\_\_\_ Southeastern Annual Fund (provides vital annual support for the University)
\$\_\_\_\_\_ Faculty Enhancement (funds cutting-edge teaching and research)
\$\_\_\_\_\_ College of (specify) \_\_\_\_\_
\$\_\_\_\_\_ Department (specify) \_\_\_\_\_
\$\_\_\_\_\_ Other (specify): \_\_\_\_\_
\$\_\_\_\_\_ Other (specify): \_\_\_\_\_
\$\_\_\_\_\_ Total per pay period

Calculating Payroll Deduction

The following table provides examples for the amount that would need to be deducted per pay period to achieve a range of gift levels. For example, if you wish to make a gift of \$100 each year and are paid biweekly, your payroll deduction would be \$3.85 per pay period. Over 26 pay periods, your actual gift would total \$100.10.

Table with 5 columns: Gift Level, Monthly Payroll Deduction, Actual Total Gift, Biweekly Payroll Deduction, Actual Total Gift. Rows include gift levels from \$50 to \$2,500.

This section is to be completed by the Office of Human Resources:

Cafeteria Plan Item: [ ] Yes [ ] No [x] N/A

Monthly Amt (Faculty): \_\_\_\_\_ Biweekly Amt (Staff): \_\_\_\_\_ Pay period Beginning: \_\_\_\_\_

Vendor Name: DEVFND Paygrp: \_\_\_\_\_ Posted By: \_\_\_\_\_