

City of San Antonio Payroll Deduction Form

Employee Name _____ Personnel Number _____
Personnel Area (Dept) _____

Please mark one of the following:

Recurring Deduction (0014)

One Time Deduction (0015)

Effective Date* _____

Deduction Name/Type (available on COSA Web) _____ SEIU Local 5

Dollar Amount \$ _____

* For deductions effective prior to first pay period in SAP, these must be calculated and processed as one time deduction to catch up payment.

Employee's Signature _____ Date _____

Information provided by: _____ SEIU Local 5 Date _____

Entered and Authorized by: _____ Logon _____ Date _____