

STATE OF ALABAMA
MISCELLANEOUS DEDUCTION DATA ENTRY FORM
SCREEN ID = MISC

EMPLOYEE ID: _ _ _ - _ _ - _ _ _ _

APPOINTMENT ID: _____

NAME (FIRST, MIDDLE, LAST): _____

PAYROLL DEDUCTION INFORMATION

EFFECTIVE DATE: _ _ / _ _ / _ _ _ _

EXPIRATION DATE: _ _ / _ _ / _ _ _ _

DEDUCTION TYPE : _____

DEDUCTION PLAN: _____

OVERRIDE DEDUCTION AMOUNT : _____

PREPARED BY: _____

APPROVED BY: _____

DATE: _ _ _ _ / _ _ _ _ / _ _ _ _

DATE PREPARED: _ _ _ _ / _ _ _ _ / _ _ _ _

APPROVED BY: _____

DATE: _ _ _ _ / _ _ _ _ / _ _ _ _

ENTERED BY: _____

APPROVED BY: _____

DATE: _ _ _ _ / _ _ _ _ / _ _ _ _

DATE ENTERED: _ _ _ _ / _ _ _ _ / _ _ _ _

APPROVED BY: _____

DATE: _ _ _ _ / _ _ _ _ / _ _ _ _