

**Benefits and General Deduction Adjustment Form**

Employee Name \_\_\_\_\_

Empl ID \_\_\_\_\_ Last 4 digits of National ID (SS#) \_\_\_\_\_

Campus \_\_\_\_\_ Dept \_\_\_\_\_

Payment type requested: Paygroup: \_\_\_\_\_

- Normal
- Online Check
- Off-Cycle

Refund  One-Time Adjustment

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**Benefit Adjustments**

Benefit Plan Type: \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

Benefit Plan Type: \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

Benefit Plan Type: \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

Benefit Plan Type: \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

Benefit Plan Type: \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

Benefit Plan Type: \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

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**General Deduction Adjustments**

Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_ Ded. Code: \_\_\_\_\_ \$ \_\_\_\_\_

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Requestd by \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Adj Entered by \_\_\_\_\_ Date \_\_\_\_\_ Pay Run ID \_\_\_\_\_

Reason \_\_\_\_\_

Mailing address \_\_\_\_\_

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