AS-47

UNIVERSAL PAYROLL AUTHORIZATION

State Form 44937 (R5/04-22)

Approved by State Board of Accounts, 2022

COMPANY	PAYGROUP
ISP	ISPSPU

BU	PEOPLE SOFT ID
100	

LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL

STREET ADDRESS		STATE	ZIP CODE

START	CHANGE	STOP	DEDUCTION CODE	$ AMOUNT % PERCENT	LIMIT	DEDUCTION DESCRIPTION
X			POLALL	$ 16.00		POLALL - Police Alliance

I hereby authorize my employer to deduct from my pay each payday for purpose(s) indicated on this form. This authorization shall remain in full force until termination of my employment or until cancelled by me in writing.

SIGNATURE OF EMPLOYEE	DATE SIGNED (Month, Day, Year)