



**University of California
PARTIAL-YEAR CAREER POSITION
DEDUCTION PLAN AUTHORIZATION
UPAY785 (R1/01)**

71443-330
E0429

Name:	Employee Number (4-12):
Department:	Phone:

I elect to participate in the University of California Partial-Year Career Position Deduction Plan.

I authorize \$_____ to be deducted each month until my goal amount of \$_____ is reached.

At the time I am placed on furlough, I will be refunded the accumulated amount in equal payments distributed over the furlough period on my normally scheduled payday(s).

I understand taxes and other mandatory deductions such as retirement system contributions will be taken from my regular gross earnings only during working months.

I understand that this deduction authorization will remain in effect until cancelled by me or until my goal amount has been reached.

I understand I must authorize a new Partial-Year Career Position Deduction Authorization Plan form upon return from furlough if I wish to continue participation in the Deduction Plan.

I elect to cancel my participation in the Partial-Year Career Position Deduction Plan.

I do not want to have Partial-Year Career Position payroll deductions. I understand I will receive a paycheck only for periods actually worked and not for periods of furlough.

Employee Signature:	Date:
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FOR ACCOUNTING USE ONLY

TRAN CODE 1-2	ENTRY DATE 13-18	ELEMENT NUMBER 19-23	DEDUCTION AMOUNT 24-30	ELEMENT NUMBER 31-35	GOAL AMOUNT 36-42	ELEMENT NUMBER 43-47	EFFECTIVE DATE 48-53
X1		6191G		6191D		7191E	

RETENTION/ACCOUNTING: 1-5 YEARS AFTER INACTIVE OR MODIFIED