



PAYROLL/PERSONNEL
DEPENDENT COVERAGE END DATES
 UPAY890 (4/00) R1281

TRAN CODE	EMPLOYEE ID NUMBER	DATE PREPARED	EMPLOYEE NAME
1	2	4	12 13 18
DX			

A/D/C	DEP NUMBER	DEP MEDICAL COVERAGE END DATE	DEP DENTAL COVERAGE END DATE	DEP VISION COVERAGE END DATE	DEP LEGAL COVERAGE END DATE
19	20 21	22 27	28 33	34 39	40 45

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19	20 21	22 27	28 33	34 39	40 45

PAYROLL OFFICE AUTHORIZATION	
PREPARED BY:	DATE
APPROVED BY:	DATE

RETN: ACCOUNTING: UNTIL ACTION TAKEN