

Employee ID		Effective Date (MM/DD/YYYY)	
Employee Name (Last, First, Middle Initial)			
Deduction Amount \$	Month	Frequency	
		One Time <input type="checkbox"/>	
	Date	Per Pay Period <input type="checkbox"/>	

Comments: _____

Deduction Codes: (check one)

- | | |
|--|--|
| <input type="checkbox"/> ACS—American Cancer Society | <input type="checkbox"/> FNARTS—Fine Arts |
| <input type="checkbox"/> ADA—American Diabetes Association | <input type="checkbox"/> UWAY—United Way |
| <input type="checkbox"/> CHRWK—Charities at Work | <input checked="" type="checkbox"/> HEART—From the Heart |
| <input type="checkbox"/> CHLDFR—Children First | <input type="checkbox"/> Other |
| <input type="checkbox"/> SFSHOE—Safety Shoe | |

Beginning Date (for recurring deductions): _____

Ending Date (for recurring deduction): _____

Employee Signature:
Employee Daytime Phone Number:

Instructions

- Complete all applicable sections in order to avoid delays in processing.
- Forward this completed form to payroll by one of the three methods below:

Email: **Thomson.eservices@Hewitt.com**
 Fax: 1-847-554-1277
 Mail to: Thomson Human Resource Services Center
 100 Half Day Road
 P.O. Box 1544
 Lincolnshire, IL 60069-1544

General Information

- Employee’s signature is required in order to process this form.
- Employees should complete this form to initiate voluntary deductions from each payroll for the organizations listed above. If your business unit conducts a campaign enrollment for United Way, please utilize that process in place of this form.
- If there are any questions about completing the form please contact the Thomson Human Resource Services Center at 1-866-443-6947.

Section-Specific Information

- **Employee information** and **effective date** at the top of the page is required.
- Make sure **Deduction** amount is filled in and represents the one time deduction or per pay period.
- If this is a **recurring deduction** add a beginning and ending date.
- Select the appropriate **Deduction Code**.

