UNIVERSITY *of* **WASHINGTON**
HUMAN RESOURCES
Benefits

PAYROLL DEDUCTION / TERMINATION AGREEMENT FOR UW CHILDREN'S CENTERS

Please complete the entire form, retrieving your Employee ID number from Employee Self Service, http://www.uw.edu/ess, if necessary. Return the original, signed form to the Benefits Office at the address shown below. Be sure to keep a copy for your records.

Step 1: Complete Contact Information

Name (Last, First, Middle)	9-digit UW Employee ID Number
Department Name	Campus Box #
UW Email	Daytime Phone

Step 2: Select one UW Children's Center

❑ Harborview Medical Center ❑ Radford Court ❑ West Campus

Step 3: Find Tuition Rate

For Children's Center at Harborview Medical Center:
www.uw.edu/admin/hr/benefits/worklife/childcare/childrenctr-hmc.html#tuition

For Children's Centers at Radford Court and West Campus:
www.uw.edu/admin/hr/benefits/worklife/childcare/children-centers.html#tuition

Step 4: Calculate Payroll Deduction Amount

Enter Monthly Tuition Amount = $ _____
Divide this amount by 2 to calculate the deduction amount for each paycheck = $_____
Note: The University has 24 pay periods per year.

Step 5: Authorize Payroll Deduction or Termination

For the convenience of its employees, the University of Washington ("University") permits employees to pay the cost of childcare at UW Children's Center ("UWCC") through an after-tax payroll deduction. Although the University handles the deduction, your agreement for childcare is with the UWCC, not the University. Therefore the UWCC has the sole responsibility to answer questions and resolve disputes including matters relating to billing, services, and refunds.

I hereby authorize the University to deduct the amount specified below from each of my paychecks for subsequent payment to the children's center indicated above. I understand that it is my responsibility to submit a new form when tuition rates change and deductions need to be adjusted. I also understand this deduction will continue for the duration of my employment unless I elect in writing to have this deduction stopped.

❑ I wish to begin/change my payroll deduction to $ _____ per paycheck.
❑ I wish to stop the payroll deduction.

I understand this deduction or change will be effective the first pay period that begins at least 10 days after this form is received by the Benefits Office.

UW Employee's Signature	Date

Rev. Feb-2013

Campus Box 359556 Seattle WA 98195-9556   206.543.2800
Website: www.uw.edu/admin/hr/benefits/
Benefits Help & Email Portal: www.uw.edu/admin/hr/benefits/help/