



Miscellaneous Deductions
Screen: MISC(D)

Employee ID: ___/___/____ APPT ID* Name: _____

Deduction Information:

EFFECTIVE DATE: _____
DEDUCTION TYPE: EI
OVERRIDE DED AMT: _____
GOAL AMOUNT: _____

EXPIRATION DATE: _____
DEDUCTION PLAN: UNIPM
OVERRIDE DED RATE: _____

Description of Deduction:

_____ POLICE MUTUAL BENEVOLENT ASSOCIATION

EMPLOYEE AUTHORIZATION:

SIGNATURE: _____ DATE: _____