

Tuition Deduction Authorization Form

Hampshire College

Student Name: _____ **Student ID:** _____

Daytime Phone: _____ **Email:** _____

I authorize the Payroll Department of Hampshire College to:

Deduct _____% - per paycheck

For a total of \$ _____ per school year. *(The limit cannot exceed \$1000 per school year.)*

This Form is in effect for all paychecks dated between 09-1-2023 to 05-18-2024

This deduction is to be applied to my outstanding tuition balance. This will show on my pay stub as SPTU. This deduction will automatically stop once my limit is reach. I can cancel my deduction at any time by notifying Hampshire College Payroll via email: payroll@hampshire.edu. If I wish to change or update my information I must submit a new Tuition Deduction form.

Signature: _____ **Date:** _____

Please return this form to the Human Resources/Payroll Office: located in Blair Hall 1st Floor. The hours of operation are Monday through Friday 8:30AM-4:30PM (closed 11:45AM - 1:15PM)

Or

Student Employment: located in the Kern building, second floor room WS7. The hours of operations are Monday through Friday 8:45AM-4:15PM (closed 11:45AM - 1:15PM)

Office Use Only

Date RCVD Student Employment: _____

Date RCVD PR _____

Date of first check deduction: _____