



- Exempt
- Non-Exempt

Employee Payment Agreement and Payroll Deduction Authorization

Last Name	First Name	Banner ID	Employee ID
Hold Type	UHS Component(s)		\$ Amount Owed

Standard Payroll Deduction Schedule

Miscellaneous Hold <i>(Parking, Library, Health Services, Returned Check)</i>			UHD Tuition Hold		
Balance Owed	Max # of Deductions (Non-Exempt)	Max # of Deductions (Exempt)	Balance Owed	Max # of Deductions (Non-Exempt)	Max # of Deductions (Exempt)
\$1 - \$50	2	1	\$1 - \$249	6	3
\$50 - \$99	4	2	\$250 - \$499	12	6
\$100 - \$149	6	3	\$500 - \$749	18	9
\$150 - \$249	8	4	\$750 - \$999	24	12
\$250 - \$349	10	5	\$1000 - \$1499	30	15
\$350 - \$449	12	6	\$1500 - \$1999	36	18
\$450 - \$549	14	7	\$2000 - \$2999	42	21
\$550 - \$649	16	8	\$3000 - \$3999	48	24
\$650 - \$749	18	9	\$4000 - \$4999	54	27
\$750 & above	20	10	\$5000 & above	60	30

Deductions:		Deduction Schedule:	
# of Deductions	\$ Amount/Deduction*	Standard	Alternate
*Final deduction may be less than the agreed upon deduction amount.			

Employee Acknowledgement:

1. I have an outstanding balance to one or more of the University of Houston System components as indicated above.
2. I have selected either the Standard or Alternate deduction schedule. I understand that if I selected the Alternate deduction schedule, I will not be eligible for any favorable personnel action such as salary increase(s), promotion(s), or new position(s) with UHD throughout the term of this agreement.
3. There is no penalty for early payoff but I must inform Student Accounting upon payoff to ensure my payroll deduction is cancelled.
4. If the above terms are not met as required by institutional policy PS 05.A.23, my account may be referred to a collection agency and may be subject to collection costs not to exceed 30% of the principal balance and may also be reported to one or more credit bureau reporting agency(ies).
5. I voluntarily authorize a deduction from my after tax wages to be applied toward the balance owed.
6. **IF I HAVE AN OUTSTANDING BALANCE UPON TERMINATION OF EMPLOYMENT WITH UHD, BY MY SIGNATURE BELOW I AGREE TO HAVE THE UNPAID BALANCE DEDUCTED FROM MY LAST PAYCHECK AND/OR VACATION PAYOUT.**

Employee Signature	Date	Student Accounting & Cashier Representative	Date
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For Office Use Only:

Deduction Start Date: _____ Deduction End Date: _____ ESO Rep: _____