City of San Antonio Payroll Deduction Form

Employee Name _______________________   Personnel Number _________________

Personnel Area (Dept) _________________

Please mark one of the following:

Recurring Deduction (0014) □

One Time Deduction (0015) □

Effective Date* _________________

Deduction Name/Type (available on COSA Web) ____________________________

Dollar Amount $________________

*For deductions effective prior to first pay period in SAP, these must be calculated and processed as one time deduction to catch up payment.

Employee’s Signature _________________________________ Date ___________

Information provided by: ________________________________ Date ___________

Entered and Authorized by: ______________  Logon_________ Date____________

COSA- Recurring Deduction form (0014/15)