

# UNIVERSITY OF ILLINOIS

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## Voluntary Agreements Form

- Employee must contact the agency for which the deduction is being withheld and make arrangements.
- After the employee and the agency agree upon an amount the employee must complete a Voluntary Deduction Agreement form, sign and forward it to University Payroll & Benefits (Office of University Payroll & Benefits, Room 110, M/C 547, 809 S. Marshfield Avenue, Chicago, Illinois 60619)
- University Payroll & Benefits will fax the Voluntary Agreement form to the fax number, contact person and agency noted on the Voluntary Agreement form.
- University Payroll & Benefits will honor voluntary agreements in lieu of the 25% AR50B State offset deduction (IS1- ILARPMT) upon confirmation from the agency noted on the agreement form. The voluntary deduction will begin the next available pay period following the completion and return of the voluntary agreement form by the agency to University Payroll & Benefits.
  - The deduction will continue until a Revocation Card is submitted to stop the deduction or the agency sends us a release.
- The person listed as the Agency Contact will inform the Comptroller to stop the AR50B 25% deduction (IS1- ILARPMT). The agency controls when the AR50B 25% deduction (IS1- ILARPMT) is stopped by contacting the State Comptroller.

Date: \_\_\_\_\_

I request of my employer, the University of Illinois, to withhold the amount listed below, and forward it to the following state agency:

Agency Name: \_\_\_\_\_

Agency Contact: \_\_\_\_\_  
(Name & Phone)

Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Deduction: \$ \_\_\_\_\_ per  Bi-weekly or  Monthly pay period:

Please start to withhold this amount on \_\_\_\_\_ and continue until I request otherwise.  
Check Date

\_\_\_\_\_  
(Employee Signature) (\_\_\_\_\_) -  
Employee Department Phone:

\_\_\_\_\_  
(Print) Last Name, First Name Employee UIN Number

\_\_\_\_\_  
Employee last 4 digits of SSN

I hereby authorize a deduction in the amount certified as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act. In authorizing this deduction, I acknowledge that, when required, the University will provide third party non-University organizations with my partial Social Security Number. I recognize that many of these third parties require Social Security number. In addition many State and Federal forms will also require SSN.

**University Payroll & Benefits does not have any information or control over the AR50B deductions (IS1- ILARPMT) employees must work with the agency that initiated the deduction.**