



UNIVERSITY  
of HAWAII®  
FOUNDATION

**Instructions for Salary Assignment/Cancellation (Form D-60)  
PDF Form Fillable Version**

**When filling in the first form, all the other forms will automatically fill in for you.**

1. DEPARTMENT - University of Hawaii
2. SUB-DIVISION OR SCHOOL - Enter the employing College/School/Department
3. FORM NO. – Leave blank
4. SOCIAL SECURITY NO. - Enter your social security number (without dashes)
5. LAST NAME, FIRST NAME, MIDDLE INITIAL – The name must be identical with the name reflected on the Employee’s Earnings and Deductions Statement. A comma must be placed between the last name and the first name; do not use a comma elsewhere in the name.
6. TYPE - **UH**
7. AGENT – **795**
8. PLAN – Leave blank
9. ID NO. - Leave blank
10. DEPT – **F**
11. THE UNDERSIGNED HEREBY: Click on ‘Assigns’ or ‘Cancels’ box as appropriate

**PAYROLL DEDUCTIONS – Please check only one box if “ASSIGNS”**

12. • Enter your monthly deduction amount in ‘the first month’ box. Please use decimal points in the amount. \*\*If the amount for each month thereafter is the same as the first month, please leave it blank\*\*
13. • The percentage of the gross pay to be deducted. Please write in percent manually.
14. • Employee’s net wages will be deducted. Please check the box manually.

**Enter the date when the assignment or cancellations is to take effect**

**EFFECTIVE – MM/DD/YY (you need to type in the forward slashes)**

15. • For Assignments – Any date recorded from the 1<sup>st</sup> to the 15<sup>th</sup> of a month is to begin in the first half payroll period of the month. Any date recorded from the 16<sup>th</sup> to the 30<sup>th</sup> (31<sup>st</sup>) of a month is to begin in the second half payroll of the month
  - For Cancellations – Any date recorded from the 1<sup>st</sup> to the 15<sup>th</sup> of a month will indicate that the deduction will not be taken in the first half payroll period of the month.

### ENDING

16. • Enter the date when the termination of the assignment is to take effect. Any date recorded from the 1<sup>st</sup> to the 15<sup>th</sup> of the month is to end in the first half payroll period of the month. \*\* *If you are filling in a commitment amount please leave this blank*

### COMMITMENT

17. • Enter the total dollar amount you want deducted. When this amount has been reached, the assignment will be terminated. \*\**If you are filling in an ending date please leave this blank*

If both the Ending date and Commitment are left blank, then the assignment will continue until a salary cancellation is submitted.

18. FOR AGENCY USE – Leave blank  
19. Click on ‘Print Form’ when document is completely filled out  
20. Sign & date the ‘I CERTIFY’ box on the bottom left hand corner. Please sign the first form.  
21. Send to the University of Hawaii Foundation, 1314 South King St, Ste. B, Honolulu, HI 96814

Please allow the UH Foundation two weeks (10 business days) before the effective date to process to the DAGS office. This form must be reported in to the DAGS Central Payroll Office by the first work day of the month to be included as a deduction for that month.

On a separate page, please include a home and business address for our records. Please indicate the UHF account you would like your donation to support. If you want your donation to be divided between multiple accounts, please provide the amount for each account.

If you already have a current payroll deduction and would like to make any changes or additions, please contact Lynnette Lum at [payroll-giving@uhfoundation.org](mailto:payroll-giving@uhfoundation.org) or call 376-7844 for proper processing.

### Terminating or Retiring

Please Note: Unless there is a commitment amount or an end date, all salary assignments remain valid until we receive a salary cancellation form from you. If you are terminating your employment or retiring from the University, please submit a D-60 to cancel your salary assignment. If you leave the University and then return, or gain employment with any other State agency that gets paid through DAGS, this salary assignment is still valid and will take effect with your first paycheck.



**Instructions for Salary Assignment/Cancellation (Form D-60)  
Hard Copy**

**You are filling out three copies, please use typewriter, or print with ball point pen with heavy impression**

1. DEPARTMENT – Enter the title of the department in which the employee is employed
2. SUB-DIVISION OR SCHOOL - Enter the employing College/School/Department
3. FORM NO. – Leave blank
4. SOCIAL SECURITY NO. - Enter your social security number
5. LAST NAME, FIRST NAME, MIDDLE INITIAL – The name must be identical with the name reflected on the Employee’s Earnings and Deductions Statement. A comma must be placed between the last name and the first name; do not use a comma elsewhere in the name.
6. TYPE - **UH**
7. AGENT - **795**
8. PLAN – Leave blank
9. ID NO. - Leave blank
10. DEPT – **F**
11. THE UNDERSIGNED HEREBY: Check off ‘Assigns’ or ‘Cancels’ box as appropriate

**PAYROLL DEDUCTIONS – Please check only one box if “ASSIGNS”**

12. • Enter your monthly deduction amount in ‘the first month’ box. **\*\*If the amount for each month thereafter is the same as the first month, please leave it blank\*\***
13. • The percentage of the gross pay to be deducted.
14. • Employee’s net wages will be deducted

**Enter the date when the assignment or cancellations is to take effect**

**EFFECTIVE – MM/DD/YY**

15. • For Assignments – Any date recorded from the 1<sup>st</sup> to the 15<sup>th</sup> of a month is to begin in the first half payroll period of the month. Any date recorded from the 16<sup>th</sup> to the 30<sup>th</sup> (31<sup>st</sup>) of a month is to begin in the second half payroll of the month
  - For Cancellations – Any date recorded from the 1<sup>st</sup> to the 15<sup>th</sup> of a month will indicate that the deduction will not be taken in the first half payroll period of the month.

## ENDING

16. • Enter the date when the termination of the assignment is to take effect. Any date recorded from the 1<sup>st</sup> to the 15<sup>th</sup> of the month is to end in the first half payroll period of the month. *\*\*If you are filling in a commitment amount please leave this blank*

## COMMITMENT

17. • Enter the total dollar amount you want deducted. When this amount has been reached the assignment will be terminated. *\*\*If you are filling in an ending date please leave this blank*

If both the Ending date and Commitment are left blank, then the assignment will continue until an assignment cancellation is submitted

18. FOR AGENCY USE – Leave Blank

19. Sign and date the ‘I CERTIFY’ box on the bottom left hand corner. Please sign the first form.

20. Send the D-60 form to the University of Hawaii Foundation, 1314 South King St, Ste B. Honolulu, HI 96814.

Please allow the UH Foundation two weeks (10 business days) before the effective date to process to the DAGS office. This form must be reported in to the DAGS Central Payroll Office by the first work day of the month to be included as a deduction for that month.

On a separate page, please include a home and business address for our records. Please indicate the UHF account you would like your donation to support. If you want your donation to be divided between multiple accounts, please provide the amount for each account.

If you already have a current payroll deduction and would like to make any changes or additions, please contact Lynnette Lum at [payroll-giving@uhfoundation.org](mailto:payroll-giving@uhfoundation.org) or call 376-7844 for proper processing.

## **Terminating or Retiring**

Please Note: Unless there is a commitment amount or an end date, all salary assignments remain valid until we receive a salary cancellation form from you. If you are terminating your employment or retiring from the University, please submit a D-60 to cancel your salary assignment. If you leave the University and then return, or gain employment with any other State agency that gets paid through DAGS, this salary assignment is still valid and will take effect with your first paycheck

STATE OF HAWAII					SALARY ASSIGNMENT/CANCELLATION									
DEPARTMENT			SUB-DIVISION OR SCHOOL											
FORM NO.			SOCIAL SECURITY NO.		LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE	AGENT	PLAN	I. D. NO.	DEPT.		
1			2		3			4	5	6	7	8	9	10
11 THE UNDERSIGNED HEREBY: <input type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS											FOR AGENCY USE			
12 CHECK ONE BOX ONLY, IF "ASSIGNS":											DEDUCTION		AMOUNT	
<input type="checkbox"/> \$ _____ THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER											DUES			
<input type="checkbox"/> PERCENT EACH MONTH _____ %											LIFE INS			
<input type="checkbox"/> MY NET WAGES											INC. PROT		18	
<input type="checkbox"/> MY NET WAGES											CR. UNION			
13						15								
14						16								
17						17								
19						20								
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION						TYPE AGENT'S NAME, BRANCH ADDRESS, AND ZIP CODE HERE						TOTAL		
DATE						DATE						TOTAL		
EMPLOYEE OR AUTHORIZED SIGNATURE						AUTHORIZED SIGNATURE OF ASSIGNEE								
STATE COMPTROLLER (CENTRAL PAYROLL)											STATE ACCOUNTING FORM D-40		JULY 1, 1992 (REVISED)	

### INFORMATION TO USERS OF FORM:

1. For employees on the State payroll, the name and the Social Security Number must be identical to the name and the S. S. No. of your latest EMPLOYEE'S EARNINGS, DEDUCTIONS, AND LEAVE STATEMENT. For new employees, the name and the Social Security Number must be identical to the name and the S. S. No. on your appointing State DPS Form 5 (or SF-5A or SF-5B). (The use of an incorrect name and/or S. S. No. will make null and void this assignment).
2. For applicable deadlines by which to submit this form to Central Payroll to be effective within a particular payroll period, refer to current submission deadlines prescribed in Volume III of the State of Hawaii Accounting Manual.
3. APPLICABLE TO STATE DEPARTMENTS, AGENCIES, AND ASSIGNEES. If this assignment request is made to a new agent (bank, financial institution, or an individual) who is not on our present tabulated LISTING OF AGENTS, and the assignee is without an assigned three-digit agent code, the employing department, agency, or assignee shall request for the type and agent code by giving the AGENT'S NAME, ADDRESS, AND ZIP CODE to Central Payroll by written communication.
4. This assignment supersedes (replaces) all previous assignments made to the same agent or for the same type of assignment.

STATE OF HAWAII

SALARY ASSIGNMENT/CANCELLATION

DEPARTMENT				SUB-DIVISION OR SCHOOL						
FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE <b>UH</b>	AGENT <b>795</b>	PLAN	I.D. NO.	DEPT.	
THE UNDERSIGNED HEREBY: <input type="checkbox"/> <b>ASSIGNS</b> OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> <b>CANCELS</b> (CHECK ONE BOX ONLY, IF "ASSIGNS")				• EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES . . . . . MONTH DAY YEAR					<b>FOR AGENCY USE</b> DEDUCTION AMOUNT DUES LIFE INS. INC. PROT. CR. UNION TOTAL	
<input type="checkbox"/> \$ _____ THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER				• WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO . . . . . MONTH DAY YEAR						
<input type="checkbox"/> PERCENT EACH MONTH _____ %				• WHEN MY COMMITMENT OF \$ _____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.						
<input type="checkbox"/> MY NET WAGES										
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION				TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE						
				University of Hawaii Foundation 1314 S King St Ste B Honolulu, HI 96814						
DATE	EMPLOYEE OR AUTHORIZED SIGNATURE			DATE	AUTHORIZED SIGNATURE OF ASSIGNEE					
<b>STATE COMPTROLLER (CENTRAL PAYROLL)</b>									STATE ACCOUNTING FORM D-60 JANUARY 1, 2000 (REVISED)	

DEPARTMENT				SUB-DIVISION OR SCHOOL						
FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE <b>UH</b>	AGENT <b>795</b>	PLAN	I.D. NO.	DEPT.	
THE UNDERSIGNED HEREBY: <input type="checkbox"/> <b>ASSIGNS</b> OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> <b>CANCELS</b> (CHECK ONE BOX ONLY, IF "ASSIGNS")				• EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES . . . . . MONTH DAY YEAR					<b>FOR AGENCY USE</b> DEDUCTION AMOUNT DUES LIFE INS. INC. PROT. CR. UNION TOTAL	
<input type="checkbox"/> \$ _____ THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER				• WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO . . . . . MONTH DAY YEAR						
<input type="checkbox"/> PERCENT EACH MONTH _____ %				• WHEN MY COMMITMENT OF \$ _____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.						
<input type="checkbox"/> MY NET WAGES										
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION				TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE						
				University of Hawaii Foundation 1314 S King St Ste B Honolulu, HI 96814						
DATE	EMPLOYEE OR AUTHORIZED SIGNATURE			DATE	AUTHORIZED SIGNATURE OF ASSIGNEE					
<b>STATE COMPTROLLER (CENTRAL PAYROLL)</b>									STATE ACCOUNTING FORM D-60 JANUARY 1, 2000 (REVISED)	

DEPARTMENT				SUB-DIVISION OR SCHOOL						
FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE <b>UH</b>	AGENT <b>795</b>	PLAN	I.D. NO.	DEPT.	
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<input type="checkbox"/> \$ _____ THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER				• WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO . . . . . MONTH DAY YEAR						
<input type="checkbox"/> PERCENT EACH MONTH _____ %				• WHEN MY COMMITMENT OF \$ _____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.						
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