AS-47
UNIVERSAL PAYROLL AUTHORIZATION
State Form 44937 (R4/11-03)
Approved by State Board of Accounts, 2003

LEVEL1	LEVEL 2	EMPLOYEE NUMBER *
IN	**SP**	**SS#**

LAST NAME *	FIRST NAME *	MIDDLE NAME/INITIAL *
STREET ADDRESS *	CITY *	STATE * ZIP CODE *

PLEASE READ BELOW IF YOU ARE ELECTING HEALTH AND/OR BASIC LIFE INSURANCE

You must enter the word "NO" in the TAXSAVER box below if you DO NOT wish to participate in the TaxSaver Plan. Leaving this box blank will automatically enroll you in the 125 TaxSaver Plan. (Consult your payroll clerk regarding your TaxSaver eligibility for Basic Life Insurance.)

START	CHANGE	STOP	TAXSAVER (NO ONLY)	DOE CODE	METHOD CODE	PERIOD CODE	TYPE CODE	$ AMOUNT % PERCENT	LIMIT		DOE DESCRIPTION
X				**S1**	**1**	**A**	**N**	**0001200**		**N**	**ISPA**
										N	
										N	
										N	
										N	
										N	
										N	
										N	
										N	
										N	
										N	
										N	
										N	
										N	
										N	
										N	

I hereby authorize my employer to deduct from my pay each payday for purpose(s) indicated on this form. This authorization shall remain in full force until termination of my employment or until cancelled by me in writing.

SIGNATURE OF EMPLOYEE	DATE SIGNED (Month, Day, Year)
*	*