

IU Benefits and General Deduction Adjustment Form

Employee Name _____

Empl ID _____ Record # _____

Campus _____ Dept _____ Pay Group: _____

Payment type requested:

On-Cycle Online Check Off-Cycle

Benefit Adjustments

Benefit Plan Type: _____ Ded. Code: _____ \$ _____ Refund One-Time Addition

Benefit Plan Type: _____ Ded. Code: _____ \$ _____ Refund One-Time Addition

Benefit Plan Type: _____ Ded. Code: _____ \$ _____ Refund One-Time Addition

Benefit Plan Type: _____ Ded. Code: _____ \$ _____ Refund One-Time Addition

Benefit Plan Type: _____ Ded. Code: _____ \$ _____ Refund One-Time Addition

Benefit Plan Type: _____ Ded. Code: _____ \$ _____ Refund One-Time Addition

General Deduction Adjustments

Ded. Code: _____ \$ _____ Refund One-Time Addition

Ded. Code: _____ \$ _____ Refund One-Time Addition

Ded. Code: _____ \$ _____ Refund One-Time Addition

Ded. Code: _____ \$ _____ Refund One-Time Addition

Ded. Code: _____ \$ _____ Refund One-Time Addition

Requestd by _____ Phone _____ Date _____

Approved by _____ Phone _____ Date _____

Adj Entered by _____ Date _____ Pay Run ID _____

Reason _____

Mailing address/comments _____