Central New Mexico Community College

Authorization for Voluntary Payroll Deduction

I, _____, hereby authorize Central New Mexico Community College (CNM) to withhold from my wages the total amount of $_____, which shall be withheld at a rate of $_____ per pay period for _____ pay periods for the purpose of repaying benefit deductions. I further agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth above, CNM may withhold the remaining amount owed from my final pay, expect to the extent prohibited by federal or state minimum wage law. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

_____ _____
Employee Signature Executed

_____
Employee ID

_____ _____
CNM Representative Executed

Special Circumstances or Notes:

Return form within 10 business days from contact date.

Human Resources: Karen Hughes, Benefits Specialist – benefits@cnm.edu
Payroll: Irene Whittington, Payroll Specialist – iwhittington@cnm.edu or payroll@cnm.edu

U.S. Mail: Attn: Payroll, 525 Buena Vista SE, Albuquerque, NM 87106