

University of Florida Foundation, Inc.  
Post Office Box 14425  
Gainesville, FL 32604

FACULTY-STAFF PAYROLL DEDUCTION  
GIFT AUTHORIZATION (UFF-R)  
Submit to:  
Judy Butterfield; 4-H Youth Development  
PO Box 110225, 3103 McCarty Hall B  
Gainesville, FL 32611  
Fax: (352) 392-1908

I authorize a continuous, bi-weekly pay period payroll deduction in the amount shown below to be deposited within the University of Florida Foundation, Inc.

**I understand that this deduction will continue until I notify the Foundation, in writing, of my desire to cancel this deduction.**

Name (please print): \_\_\_\_\_

UF or Shands I.D.#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Employed By:  Univ. of FL\*       UF Foundation       Shands  
 9 month      or       12 month (UF employee)

Work address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Amount of biweekly pay period deduction: \_\_\_\_\_

This gift, made through payroll deduction, is to be anonymous:  No     Yes

Please use my gift for:  the University's highest priorities (unrestricted)  
 the College of \_\_\_\_\_ highest priorities (unrestricted)  
 a restricted purpose (please specify): 2012 NAE4-HA Conference/Extension

**\*State OPS employees are not eligible for payroll deductions.** \_\_\_\_\_

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**NOTE: "UF and UFF" payroll deductions are made from 24 pay periods or from 16 pay periods if a faculty member's compensation is based on a 9-month salary. Shands deductions are from 26 pay periods.**

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The following is to be completed by UF Foundation  
UF/Shands ID: \_\_\_\_\_  
Advance ID: \_\_\_\_\_  
F: \_\_\_\_\_  
N: \_\_\_\_\_  
D: \$ \_\_\_\_\_  
CC: \_\_\_\_\_