



PART D - REASON FOR DIRECT PAY		
7. Type of Absence:		
8. Dates of Absence: From _____ to _____ .		
9. Last Pay Period Premium Deduction was made or will be made:		
10. Employee to pay for the months of _____ through _____ .		
11. Employment Information:		
Campus: _____		
Address: _____		
Agency Code: _____ Employee's Bargaining Unit Code: _____		
12. I certify that all of the above information is correct according to our records:		
_____ Signature of Benefits Officer or Assistant	_____ Phone Number	_____ Date

**Distribution:**

- If employee chooses not to continue, one copy to employee and one to file
- If employee chooses to direct pay, one copy to employee, one to file and one to carrier.