

Instructions for Salary Assignment/Cancellation (Form D-60)
Form Fillable Version

- a. Enter the employee's Payroll Number and Warrant Distribution Code. Click next to the title "Salary Assignment/Cancellation"
- b. University of Hawaii will be default department.
- c. Enter the employing College/School/Department
- d. Enter the employee's social security number (without dashes)
- e. Enter the employee's name **exactly** as it appears on the PNF, Form 6, SEWA
- f. Enter type from menu
- g. To be inputted by Financial Institution or Payroll Office
- h. Enter 'C' for assignment to a checking account or 'S' for a savings account. Ok to leave blank for cancellation of assignment.
- i. Enter checking or savings account number (space limitations of 8 digits). Ok to leave blank if cancelling assignment.
- j. 'F' will be default department code.
- k. Click on 'Assigns' or 'Cancels' box as appropriate.
- l. Click on 'My Net Wages' for type BA (assigns only)
- m. Employee's Signature (dark blue ink) and date is required for ***all 3 sections*** of the form fillable D-60.
- n. Agent's (i.e. financial institution name) information and signature (dark blue ink for ***all 3 sections***) is required for assignments (no abbreviations). Only the Agent's information is required for cancellation, signature is not needed.
- o. If out-of-state financial institution, a note must be attached acknowledging a 7 to 10 day lag of deposit into employee's account.
- p. Click on 'Print Form' when document is completely filled out.
- q. Employee signs in box 'm', takes to financial institution for completion of box 'n'.
Signature (dark blue ink) needed on all 3 sections of the D-60.
- r. Upon receipt of completed D-60, cut along dotted lines and send ***all 3 sections*** of the completed D-60 to the Payroll Office by the applicable deadline.
- s. Make copy for employee's file.

STATE OF HAWAII

SALARY ASSIGNMENT/CANCELLATION

| | | | | | | | | | |
|--|---------------------|---------------------------------------|--|---|------|-------|------|-----------------------|--------|
| DEPARTMENT | | | | SUB-DIVISION OR SCHOOL | | | | | |
| FORM NO. | SOCIAL SECURITY NO. | LAST NAME, FIRST NAME, MIDDLE INITIAL | | | TYPE | AGENT | PLAN | I.D. NO. | DEPT. |
| THE UNDERSIGNED HEREBY: <input type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII | | | | OR <input type="checkbox"/> CANCELS | | | | FOR AGENCY USE | |
| (CHECK ONE BOX ONLY, IF "ASSIGNS") | | | | • EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES MONTH DAY YEAR | | | | | |
| <input type="checkbox"/> \$ _____ THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER | | | | • WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO MONTH DAY YEAR | | | | DEDUCTION | AMOUNT |
| <input type="checkbox"/> PERCENT EACH MONTH _____ % | | | | • WHEN MY COMMITMENT OF \$ _____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION. | | | | DUES | |
| <input type="checkbox"/> MY NET WAGES | | | | | | | | LIFE INS. | |
| I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION | | | | TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE | | | | INC. PROT. | |
| DATE _____ EMPLOYEE OR AUTHORIZED SIGNATURE _____ | | | | DATE _____ AUTHORIZED SIGNATURE OF ASSIGNEE _____ | | | | CR. UNION | |
| | | | | | | | | TOTAL | |

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-60
JANUARY 1, 2000 (REVISED)

STATE OF HAWAII

SALARY ASSIGNMENT/CANCELLATION

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STATE ACCOUNTING FORM D-60
JANUARY 1, 2000 (REVISED)

STATE OF HAWAII

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STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-60
JANUARY 1, 2000 (REVISED)

INFORMATION TO USERS OF FORM:

1. For employees on the State payroll, the name and the Social Security Number must be identical to the name and the S. S. No. of your latest EMPLOYEE'S EARNINGS, DEDUCTIONS, AND LEAVE STATEMENT. For new employees, the name and the Social Security Number must be identical to the name and the S. S. No. on your appointing State DPS Form 5 (or SF-5A or SF-5B). (The use of an incorrect name and/or S. S. No. will make null and void this assignment).
2. For applicable deadlines by which to submit this form to Central Payroll to be effective within a particular payroll period, refer to current submission deadlines prescribed in Volume III of the State of Hawaii Accounting Manual.
3. APPLICABLE TO STATE DEPARTMENTS, AGENCIES, AND ASSIGNEES. If this assignment request is made to a new agent (bank, financial institution, or an individual) who is not on our present tabulated LISTING OF AGENTS, and the assignee is without an assigned three-digit agent code, the employing department, agency, or assignee shall request for the type and agent code by giving the AGENT'S NAME, ADDRESS, AND ZIP CODE to Central Payroll by written communication.
4. This assignment supersedes (replaces) all previous assignments made to the same agent or for the same type of assignment.
5. Annuity Premium (AP), Federal Credit Union (CU), Employee Organization (EO) and U.S. Civil Service Related Deductions (US) are the only types of assignment where assignments to more than one agent are allowed.
6. Request for assignment or cancellation of assignment will be effective only upon a signed approval by the EMPLOYEE.
7. Requests for assignment or cancellation of assignment, for the following types of assignments, will be effective only upon signed approvals of the EMPLOYEE AND THE ASSIGNEE (AGENT):

| | |
|-----------------------------|---------------------------|
| AP – Annuity Plan Premium | CU – Federal Credit Union |
| AR – Additional Retirement | HH – Hawaiian Home Lands |
| *BA – Net Salary Assignment | PK – Parking Fee |
| CR – Cottage Rental | |

* Signed approval by assignee is not required for cancellation.
8. The employee, when assigning a portion of his compensation for payroll deduction, authorizes the agent to increase or decrease the amount of deduction to that of any amount determined by the agent as necessary to cover any uniform increases or decrease of dues, insurance premiums, or other payments. (If the initial month's payment cannot be processed in time for this pay period, the employee also authorizes the assignee to make the necessary change to the amount indicated to cover any payments due from the effective date.) Any mass changes in rate affecting employee on LWOP will be reflected on the employee's record.
9. Voluntary cash payment is necessary, if an employee on LWOP wishes to continue his payment with any organization or assignee.
10. When completed and ready to send to Central Payroll, please forward original (white copy) to:
STATE OF HAWAII
DAGS Central Payroll
P.O. Box 119
Honolulu, HI 96810