



## Request for Tax Withholding On Non-Salary Compensation Items

<b>Employee Name:</b>									
PIN	UIN	Title	Title Code	Dollar Amount	Item Code (*)	Part	Account	Support Account	Acctg. Analysis

**Approval Recommended:**

\_\_\_\_\_  
 Department Head

\_\_\_\_\_  
 Dept. Contact Name

\_\_\_\_\_  
 Contact Phone #

**Approved:**

\_\_\_\_\_  
 Fiscal Department

\_\_\_\_\_  
 Voucher #

**\*Note:** See Non-Payroll Item Code List  
 Item Code **MUST** be completed before submitting  
 to Payroll.

**Privacy Notice:**

(1) You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);  
 (2) you are entitled to receive a review of that information; and (3) you are entitled to have the information corrected at no charge to you.