**DEPARTMENTAL PAYMENTS TO CONTINUE BENEFITS FORM\*\*\***

**THE UNIVERSITY OF MICHIGAN – PAYROLL OFFICE**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UMID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Earnings Code \_\_\_NTA\_\_\_\_\_\_\_\_

Shortcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPROVAL**

Date\_\_\_\_\_\_\_\_\_\_ Authorized Signer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

Phone #\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*** This form should **ONLY** be used when a department is paying to continue benefits for a former employee, retiree, etc… for any reason.

Return completed forms to the Payroll Office as an attachment to [Payroll@umich.edu](mailto:Payroll@umich.edu)

or fax (734) 647-3983 to the attention of the **Deduction Section Supervisor**.