



Department of Transformation and Shared Services  
 Office of Personnel Management  
**Recurring Payment / Deduction (IT0014)**

Agency/Business Area

Personnel Number

First Initial

Middle Initial

Last Name

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

Comments: *(If needed)*

Approving Authority

Date

Phone Number