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GOVERNOR

DIRECTOR'S OFFICE
DEPT. OF
TRANSPORTATION
SEP 30 10 56 AM '99

RAYMOND H. SATO
COMPTROLLER
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DEPUTY COMPTROLLER

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES
P. O. BOX 119
HONOLULU, HAWAII 96810-0119

SEP 29 1999

COMPTROLLER'S MEMORANDUM NO. 1999-29

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Revised Salary Assignment/Cancellation, SAFORM D-60

This is to inform departments that a revised Salary Assignment/Cancellation, SAFORM D-60 will be implemented on January 1, 2000. Old forms may be used until February 29, 2000. Any old forms submitted after this date will not be accepted for processing by Central Accounting. As a result, departments will be responsible for ensuring that the users of the form have the new forms by the end of February.

To ensure that sufficient quantities of the form will be available, all departments and agencies were asked to provide us with their quantity requirements. The Standard Price List for snap-out forms will be distributed during the first week in October. Departments will be responsible for placing their orders with the vendor by October 31, 1999 and must be accompanied by a Purchase Order.

Attached for your information is a sample copy of the revised form with the changes described below:

SALARY ASSIGNMENT/CANCELLATION, SAFORM D-60

On the back of the form, under the heading "INFORMATION TO USERS OF FORM:" the following changes were made:

1. For item 1, in the first line, added the words "the name and" between the comma and the word "the".

2. For the same item as above, in the second line, added the words "name and" between the words "the" and "S".

3. For the same item as above, in the third line, added the words "the name and" between the comma and the word "the".

4. For the same item as above, in the fourth line, added the words "name and" between the words "the" and "S".

5. For the same item as above, in the fifth and sixth lines, added the words "name and/or" between the words "incorrect" and "S".

6. For item 5, in the first and second lines, deleted the words "Deferred Compensation (DC)".

7. For item 6, in the first line, deleted the phrase "Except for Deferred Compensation (DC) cancellation of assignment".

8. For item 7, deleted the assignment "DC – Deferred Compensation".

9. For item 10, added the words "original (white copy)" between the words "forward" and "to".

10. Changed the revision date to "JANUARY 1, 2000 (REVISED)".

Should there be any questions regarding this memorandum, please call Dona Kang of our Systems Accounting Branch at 586-0610.

RAYMOND H. SATO
State Comptroller

Attachment

READ INSTRUCTIONS ON REVERSE SIDE CAREFULLY

FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY

(USE TYPEWRITER, OR PRINT WITH BALL POINT PEN WITH HEAVY IMPRESSION)

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: ☐ ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR ☐ CANCELS

(CHECK ONE BOX ONLY, IF "ASSIGNS")

☐ $_____ . ___ THE FIRST MONTH
AND $_____ . ___ EACH MONTH THEREAFTER

☐ PERCENT EACH MONTH _____%

☐ MY NET WAGES

- EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES ___/___/___ (MONTH DAY YEAR)
- WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO ___/___/___ (MONTH DAY YEAR)
- WHEN MY COMMITMENT OF $_____ . ___ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.

I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION

DATE _____ EMPLOYEE OR AUTHORIZED SIGNATURE _____

TYPE AGENT'S NAME, BRANCH, ADDRESS, AND ZIP CODE HERE

DATE _____ AUTHORIZED SIGNATURE OF ASSIGNEE _____

FOR AGENCY USE

DEDUCTION	AMOUNT
DUES	
LIFE INS.	
INC. PROT	
CR. UNION	
TOTAL	

STATE COMPTROLLER (CENTRAL PAYROLL)

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

(10)

INFORMATION TO USERS OF FORM:

1. For employees on the State payroll, the name (1) and the Social Security Number must be identical to the name (2) and S. S. No. of your latest EMPLOYEE'S EARNINGS, DEDUCTIONS, AND LEAVE STATEMENT. For new employees, the name (3) and the Social Security Number must be identical to the name (4) and S. S. No. on your appointing State DPS Form 5 (or SF-5A or SF-5B). (The use of an incorrect name (5) 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), (6) 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. (7) 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
   AR – Additional Retirement
   *BA – Net Salary Assignment
   CR – Cottage Rental
   CU – Federal Credit Union (6)
   HH – Hawaiian Home Lands
   PK – Parking Fee
   *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 increase 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:

(9)

STATE OF HAWAII
DAGS Central Payroll
P.O. Box 119
Honolulu, HI 96810