



Supplemental Withholding Rate Election

1. Enter your information on this online form
2. Print and sign the form
3. Mail the form to the Payroll Office at the address listed above.

Identification

UID _____ Name _____
Last *First* *MI*

Email _____ Telephone _____

Authorization

I authorize Illinois State University to utilize the Supplemental Federal Income Tax Rate on eligible earnings for the pay period ___ / ___ / _____ through ___ / ___ / _____. Eligible earnings include payable leave balances such as payable sick and hours.

This form is considered invalid if it has been altered in any way or any unauthorized additions have been made to it.

Employee Signature _____ Date ___ / ___ / _____

University Payroll Office (UPO) Use Only

Date Entered ___ / ___ / _____

UPO Initials _____