



**ONE-TIME DEDUCTION  
WORKSHEET**  
STATE OF NORTH DAKOTA  
SFN 13092 (11-2006)

Pay Group:	Bus. Unit/Set ID Number:	Dept. #:	Prepared By:	Date:

Employee ID Number

--	--	--	--	--	--	--	--

Employee Name:

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PLAN TYPE 

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 Addition  Override  Refund

BENEFIT PLAN 

--	--	--	--	--	--

 Flat/Additional Amount \$ \_\_\_\_\_

DEDUCTION CODE 

--	--	--	--	--	--

 Tax  Non-taxable

Employee ID Number

--	--	--	--	--	--	--	--

Employee Name:

--

PLAN TYPE 

--

 Addition  Override  Refund

BENEFIT PLAN 

--	--	--	--	--	--

 Flat/Additional Amount \$ \_\_\_\_\_

DEDUCTION CODE 

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 Flat/Additional Amount \$ \_\_\_\_\_

DEDUCTION CODE 

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 Tax  Non-taxable

REFER TO MANUAL FOR CODING.