EXHIBIT F

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
TRANSPORTATION	AIRPORTS

FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE	AGENT	PLAN	I.D. NO.	DEPT.
	234 56 7890	SMITH, DORIS G	OP	414			D

THE UNDERSIGNED HEREBY: [X] ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR [ ] CANCELS

(CHECK ONE BOX ONLY, IF "ASSIGNS")

[X] $ 200.00 THE FIRST MONTH
AND $ _____ EACH MONTH THEREAFTER

[ ] PERCENT EACH MONTH _____ %

[ ] MY NET WAGES

- EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES ..... 08 / 15 / 02 (MONTH DAY YEAR)
- WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO... / / (MONTH DAY YEAR)
- WHEN MY COMMITMENT OF $ 2,000.00 IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.

FOR AGENCY USE

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

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

TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE
DOT AIRPORTS DIV, FISCAL OFFICE
P.O. BOX 2400, HON, HI 96810

DATE	EMPLOYEE OR AUTHORIZED SIGNATURE	DATE	AUTHORIZED SIGNATURE OF ASSIGNEE
8/1/02	ADMINISTRATIVE ASSIGNMENT	8/1/02	Sam L. Jackson

STATE COMPTROLLER (CENTRAL PAYROLL)

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

"Administrative Assignment", required by HRS Section 78-12(f), should be typed on the "EMPLOYEE OR AUTHORIZED SIGNATURE" line. The department head or his designee should sign on the "AUTHORIZED SIGNATURE OF ASSIGNEE" line.