



Campus Recreation Payroll Deduction Authorization

Last Name _____ First Name _____

Title _____ Department _____

Vandal Card/ID #: _____ Telephone # _____

I am a board appointed employee _____ (please initial) Deduction amount: \$ _____

Is this authorization for your spouse? **Y** **N** Spouse Name: _____

Please read the following and sign below:

- I wish to be enrolled in the UI Employee Wellness Program and/or Student Recreation Center.
- I understand that if I wish to stop enrollment in the program, I must inform the Campus Recreation office 5 business days prior to the pay date in order to stop payroll deduction. I will do this by submitting a STOP Payroll deduction form at http://www.campusrec.uidaho.edu/Membership_Home (**Wellness card must be returned to the Campus Recreation Office** prior to processing stop payment request.)
- I understand there are no refunds for payroll deduction.
- I have signed the Employee Wellness Fitness and/or Student Recreation Center Waiver.

Signature _____ Date _____

<p><i>Deduction Options Available per Pay Period (please check desired membership)</i></p> <p><input type="checkbox"/> Wellness = \$5.50 <input type="checkbox"/> SRC membership = \$11.93</p> <p><input type="checkbox"/> SRC/Wellness membership = \$16.00 (best value)</p>	<p><i>Office Use Only</i></p> <p>Payroll # Start: _____</p>
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Return completed form to the SRC (1230). Please contact Campus Recreation at 885-6961 with questions regarding this form.