

SAVANNAH STATE UNIVERSITY UNIVERSITY RECREATION & WELLNESS

Payroll Deduction Form For The SSU Employee Fitness Plan

For Faculty & Staff only: Name (Last, First, MI): _____

Employee ID: _____ Phone#: _____ Email: _____

Payment Option, please select:

One-Time

Monthly

SSU EMPLOYEE FITNESS PLAN <small>Deducted August thru June in even distributions based on when form received in payroll.</small>	QTY	Total Cost
Full-Time Faculty & Staff - \$40.00		
Part-Time Faculty & Staff- \$30.00		
Spouse- \$25.00		
Child- \$15.00		
Grand Total		

(Note: there will be an additional \$10 charge for each ID card made for each family member)

I authorize a monthly payroll deduction for the above selection (s) effective ___ day of _____ year 20____. Further I understand that these selections will be deducted each month from my payroll in equal deductions until the entire amount has been paid. In the event that my employment with the University ends, I authorize any outstanding/remaining balance to be deducted from my last payroll check. Due to the Administrative burden this convenience creates, I understand that I cannot opt to cancel this agreement once entered into.

Employee Signature _____ Date: _____