**Payroll Deduction Form**

**For The SSU Employee Fitness Plan**

**Savannah State university**

**University Recreation & Wellness**

**For Faculty & Staff only:** Name (Last, First, MI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Option, please select:** One-Time Monthly

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_