

**Department of Campus Recreation  
Fitness & Wellness Center Membership  
Employee's Payroll Deduction Form**

**Personal Information:**

**Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employee #: \_\_\_\_\_ Full-Time  \*Part-Time

I elect to pay \$ **180.00** per year through payroll deduction. Membership will continue each fiscal year until terminated. To terminate your membership contact the Department of Campus Recreation.

By this agreement, the employee listed above salary/paycheck will be deducted an appropriate amount equal to \$180.00 per year (i.e. individuals paid 26 times per year will have \$7.50 per paycheck deducted = \$180.00). However, either party may terminate this agreement as of the end of any month (or pay period) by giving at least thirty days written notice so that this agreement will not apply to salary subsequently paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize the Department of Campus Recreation to request my membership fee be deducted from my paycheck by Human Resources.

Please mail to:      Fitness and Wellness Center  
                             SRC 105  
                             521 Lancaster Ave.  
                             Richmond, KY 40475

Campus Mailing Address: SRC 105

**Membership will begin as soon as we (Campus Recreation) receive your membership form.**

\*Part-time employees cannot participate in payroll deduction and will be required to pay \$ 90 per semester.