Employee Payroll Deduction Form

Name: ___________________________ Employee #: ______________ Start Date: __________
Facility: _______________ Department: _______________ Extension: _______________

I, _________________________, am enrolling at JFK’s Health & Fitness Center and acknowledge that payroll deduction is required.

The following conditions are agreed upon:

1. There can be no cessation of payroll deduction during the first three months following the start date.
2. Contracted time is not privileged to a hold unless there is medical documentation
3. My deduction will be $12 per pay period and will continue unless I submit written, or verbal, notice one month in advance to cease payroll deduction.
4. The start date of my contract is the date I have completed this paperwork.

Fitness Facility Member - $12 per pay period

Additional Deductions for Spouse or Relative (please list # of relatives): __________

Total Deduction Per Pay Period: ________________

Signature: ______________________________________

JFK Witness: ____________________________________