

JFK Health & Fitness Center

70 James Street . Edison, NJ 08820-3938 . Phone: 732.632.1610 . Fax: 732.906.4920

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