

UNK Employee Name (last) _____ (first) _____ (mi) _____

NUID# _____ Personnel# _____ Email address _____

UNK Department Name _____ Office Phone# _____

FILL OUT THIS PORTION IF SPOUSE IS AN EMPLOYEE OF UNK

UNK Employee Name (last) _____ (first) _____ (mi) _____

NUID# _____ Personnel# _____ Email address _____

**UNK Authorization for Payroll Deduction for
UNK Wellness Center Membership**

Part A I am a monthly paid employee.

 I am a biweekly paid employee.

Payroll Deduction Membership Fees

Please be aware of the following as it is new beginning on Monday, August 13, 2018.

- **\$120 yearly fee**
 - \$10 monthly
 - \$5 biweekly
- **Membership will be active for exactly 1 year following purchase**
 - Example: If you purchase a membership on November 1st, your membership will expire on October 31st the following year.

Part B

I authorize the deduction, from my paycheck, of the amount listed in part A to cover the cost of my UNK Wellness Center membership. I understand that the amount of this deduction will not decrease my taxable income. This will cover the cost of my Wellness Center membership and my immediate family (*spouse and dependent children under the age of 26).

I understand that if I am a monthly employee, I will have the deduction split equally between twelve (12) pay checks and if I am a biweekly paid employee, I will have the deduction split between twenty-four (24) pay checks. I understand that once the deduction is taken, a refund will not be issued in any event.

The time of receipt of this authorization by the Payroll Office will determine the first paycheck on which the deduction will occur.

I understand that I will abide by the rules of the UNK Wellness Center.

***If spouse and immediate family are not an employee or student of UNK, a Cushing Use Facility pass will need to be issued. Dependent children under the age of 19 will not be issued a Cushing Use Facility pass.**

Employee Signature and Date

Wellness Center Asst. Director Signature and Date

DEPENDENTS OF EMPLOYEE

Name	Relationship to employee	Age (children only)
_____	_____	_____
_____	_____	_____
_____	_____	_____