

Date Issued:	_____
Sent to HR:	_____
Pass #:	_____
Expiration:	_____

FACULTY/STAFF FITNESS PASS PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize Florida Polytechnic University, to deduct from my wages, the cost of my monthly Fitness Pass. The Fitness Pass will be \$10.00 per month and will be deducted on a semi-monthly basis from consecutive pay periods. This authorization is subject to the following conditions:

- I. The cost of my monthly fitness pass will be deducted on a after-tax basis.

- II. I understand that my payroll deductions will remain in effect automatically until I file a Cancellation Election to cancel my monthly fitness pass, and cancel my payroll deduction election. Such Cancellation Election must be received at least ten business days prior to the beginning of a payroll period in order for the cancellation of my payroll deduction authorization to be effective for that payroll period.

- III. If the monthly fee should change for any reason, my payroll deduction election will automatically change to accommodate the adjusted cost, unless I discontinue my fitness center usage by submitting a Cancellation Election for this purpose in accordance with the preceding paragraph.

By signing below, the named employee agrees:

For the Payroll Office to begin deductions over specified number of payroll periods below:

TOTAL DEDUCTION AMOUNT \$5.00 per semi-monthly pay period. First deduction begins the first pay period after this completed form is received by the Payroll Department.

Print Name _____ **FPUID#** _____

Employee Signature _____ **Date** _____

**Payroll deduction is only available for fitness passes valued at \$120 and up.*