



Dillard's Employee Event Deduction Form

- ☐ Full-time Employee
☐ PRN (Please make sure you read this agreement related to date of final payment.)

To: Accounting/Payroll
From: Med Center Health Foundation
Date: December 7, 2018

This is to authorize the Accounting/Payroll Department to Deduct:
The amount of \$_____ (not to exceed \$250.00) is paid in full within _____
pay periods or by February 22, 2019. (Deductions will begin next pay period.)

I agree to have the above listed amount paid through payroll deduction. I also understand and agree that in the event my employment with CHC (and/or its affiliated corporations) is terminated before this obligation is satisfied, CHC (and/or its affiliated corporations) may deduct any or all amounts in excess of Federal Hourly Minimum Wage from my final paycheck as consideration for payment on this account and that I will remain responsible for entire balance which will be immediately due and owing by said date above.

Employee Name

Employee Number

Department

Options for delivery:

- ☐ Messenger Service
☐ Mail to: _____
☐ Pick up at CHC office on Monday, December 10

Signature of Employee

Date

Kathy Smith
Director, Annual Giving
Med Center Health Foundation

All returns on any purchases to Dillard's will be given as store credit within 30 days.