Med Center Health Foundation Dillard's MCH Employee Event Deduction Form Date July 15, 2022

\bigcirc Fu	ll-time			
○ Pa	rt-time * Full paymen	t must k	e made to MC	CHF by 9/30/22
То:	Accounting/Payroll	From:	Med Center I	Health Foundation
This is	s to authorize the Acco	ounting/	Payroll Depart	ment to Deduct:
The a	amount of \$		(not to ex	cceed \$250.00) is paid in full within
	(1-5) pay period	ds or by	y September	30, 22.
deduc corpo may d consid	ction. I also understand rations) is terminated be leduct all amount in exce	and agreen efore this ess of Feo this acco	e that in the events obligation is saideral Hourly Mirount and that I w	e the above listed amount paid through payroll ent my employment with CHC (and/or its affiliated tisfied, CHC (and/or its affiliated corporations) nimum Wage from my final paycheck as will remain responsible for entire balance which
Employee Name				Employee #
	(Please p	·		Data
Signa	ature			_ Date
Department				
CARI Optio	D. If you receive two ons: Mail to: Address, City,	o card State an	s in error, pl	e days, please email kasmith@mchealth.net.
	•			n July 15, 2022. (You will be able to shop a have your badge with you.)
	•	•		er Service on Friday, July 15 and use payroll lout the payroll form until then.
Kathy	Smith, Director, Annu	ual Givin	g MCHF	Date:

Please note: if you go on leave prior to the last payment due, you will need to pay the amount as noted above on the last pay period date. If this is not completed and you return to work your total amount will be deducted from your pay check or if you cease employment with MCH before your balance is paid in full it will be deducted from your last pay check.