**Med Center Health Foundation**

**Charity Ball Employee Deduction Form**

Not applicable to PRN and Temporary Employees

**To:** Accounting/Payroll

**From:** Med Center Health Foundation

**Employee Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Charity Ball Tickets are $150.00 each. Tables can be purchased for 6, 8, 10 and 12.

This is to authorize the Accounting/Payroll Department to Deduct:

The amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_over \_\_\_\_\_\_ pay periods (can be up to 5) for \_\_\_\_\_\_ Charity Ball ticket(s) until the full amount of $\_\_\_\_\_\_\_\_\_\_\_\_ is paid on or before November 13, 2021 pay period. (All deductions will begin on the next pay period unless specified.)

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee

Kathy Smith, Director Annual Giving Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Med Center Health Foundation