Med Center Health Foundation Charity Ball Sponsorship and Reserved Seats Employee Deduction Form

Not applicable to PRN and Temporary Employees

To:	Accounting/Payroll	
From:	Med Center Health Foundation	
Emplo	yee Name	Employee #
This is	to authorize the Accounting/Payroll	Department to Deduct:
The an	nount of \$over	pay periods (can be up to 5) for Charity
Ball Sp	onsorship or reserved seats (\$250.00	Deach) until the full amount of \$ is
paid o	n or before November 9, 2024. (All d	eductions will begin on the next pay period unless
specifi	ed.)	
I agree	e to have the above listed amount pa	id through payroll deduction. I also understand and
agree '	that in the event my employment wi	th CHC (and/or its affiliated corporations) is
termin	nated before this obligation is satisfie	d, CHC (and/or its affiliated corporations) may
deduc	t any or all amounts in excess of Fede	eral Hourly Minimum Wage from my final paycheck
as con	sideration for payment on this accou	nt and that I will remain responsible for entire
balanc	e which will be immediately due and	owing.
		Date
Signat	ure of Employee	
•	Smith, Director Annual Giving Senter Health Foundation	Date