



Saint Mary's College of California
Joseph L. Alioto Recreation Center
Payroll Deduction Form

EMPLOYEE INFORMATION

Name

ID #

Job Title

Department & Extension

PAYROLL DEDUCTION MEMBERSHIP ELECTION(S)

The following fees will be deducted from your paycheck. Please check all options that apply to this membership. This deduction will continue until you cancel via written notification or pay from the College stops.

EE TYPE: [] FACULTY

[] STAFF

STATUS: [] REGULAR FULL-TIME EMPLOYEE (FTE 1.0)

[] PART-TIME (LESS THAN 37.5 OR 40 HPW OR LESS 12 MOS)

PAY CYCLE: [] BIWEEKLY

[] SEMI-MONTHLY

START: FEES Recreation Center (no prorating)

[] FACULTY/STAFF MEMBERSHIP \$10/PER PAY PERIOD

CANCEL: FEES Recreation Center (no prorating)

[] FACULTY/STAFF

DEDUCTION START/END DATE

PAYROLL DEDUCTION AUTHORIZATION

INITIAL BELOW THAT YOU AGREE AND UNDERSTAND THE FOLLOWING CONDITIONS:

A valid Saint Mary's College ID is always required for entry.

I authorize SMC to deduct from my pay each pay period the amount certified as the official rate by St. Mary's College for membership. I understand that this rate is subject to change.

I understand that in order to terminate my payroll deduction, I must update the Payroll Deduction form to CANCEL status. The Payroll Deduction form is required a minimum of 30 days prior to the actual cancellation date. Exceptions will be made for medical reasons or relocation of 25 miles or beyond (documentation required). The Payroll Deduction form must be submitted to Human Resources in person or via mail, fax, or pdf copy via email. Cancellations will not be accepted by phone.

I understand that refunds/credits will not be issued for previous deductions.

SIGNATURE

DATE

*STAFF USE ONLY: New Membership: Cancel Memberhsip Effective Date Staff Initials