



<input type="checkbox"/>	New
<input type="checkbox"/>	Change
<input type="checkbox"/>	Cancel

Union

Payroll Deduction for Full-Time Staff

Name: _____

Employee #: _____

Add Member _____

My spouse is also full time UPS staff _____

I am a full-time employee of Union Public Schools (UPS) as of this date and I hereby authorize Union Public Schools effective the 1st of _____ (month) to deduct from my 10th/25th paycheck (check those below that apply).

	ADULT	HOUSEHOLD
Y AT UNION ONLY	_____ \$18.50/MONTH (\$9.25/PAY PERIOD)	_____ \$38.50/MONTH (\$19.25/PAY PERIOD)
YMCA ALL ACCESS (METRO)	_____ \$36/MONTH (\$18/PAY PERIOD)	_____ \$54/MONTH (\$27/PAY PERIOD)

I understand that if my paycheck is not enough to cover my membership fees or if I do not receive a paycheck (including summer), I am personally responsible for making payment arrangements with Y at Union. I understand that written notification of cancellation/change or payroll deduction must be received in the Y at Union and by the Union Human Resources Department thirty (30) days prior to the effective cancellation/change. I also understand that once payroll deduct has been canceled, I must wait six (6) months to reinstate payroll deduction. Any refunds or fees, if applicable, will be handled through the Y at Union.

_____ Please cancel my payroll deduction for the Y at Union membership effective _____

Employee Signature

Date

