

SnowFit Gym Membership Payroll Deduction

Employee	Banner ID
Phone	Address
Filolie	Address
City	State
Zip Code	EMPLOYMENT TYPE
	Full-time
EPHRAIM CAMPUS	Part-time
This pass allows access to the use of the Horne Activity soccer, tennis, track, wallyball, workout bikes, treadmi	Center (basketball gym, racquetball courts, swimming pool, volleyball, indoor lls, elliptical machines, and also the use of the weights).
* Adjunct employees NOT working in the summer are r	equired to pay in advance through the cashier's office.
EPHRAIM MONTHLY FITNESS DEDUCTIONS NO COST - EMPLOYEE ONLY	
\$10.00 - SPOUSE OR ONE DEPENDENT	
\$15.00 - FAMILY TWO OR MORE DEPENDENTS	
RICHFIELD CAMPUS	
This pass allows access to the IMPACT HEALTH & FITNE	SS. The Richfield employee gym is free* to use.
*The Richfield employee gym membership is a taxable College included on your W-2 tax statement. For deper discounted rates negotiated by Snow will be taxable.	benefit, so you will see the amount of your monthly membership fees paid by Snow adent gym memberships, just the difference between the full price rates and the
RICHFIELD MONTHLY FITNESS DEDUCTIONS	
NO COST - NO ACCESS TO IMPACT HEALTH & FIT	NESS
\$5.00 - EMPLOYEE ONLY	
\$27.00 - SPOUSE OR ONE DEPENDENT	
DEPENDENTS (both campuses)	
Please list the names of eligible dependents for mem claimed as dependent as per IRS standards.)	pership (Living in the same household, who are immediate family & can be
I hereby authorize an automatic payroll deduction in until I personally inform the Human Resource/Payro the payroll date.	n the amount indicated above from each montly paycheck. This will be done Il Office in writing to cancel payment to the selected gym, two weeks prior to
Signature	Date
REQUESTED START DATE - Must be first day of the ne	xt month
For office use only Start Date:	End Date: