

ATHLETIC TRAINING CENTER

District / County Payroll Deduction Form

INSTRUCTIONS:

This form must be completed at the Athletic Training Center for membership enrollment, termination of membership, or for any changes in the amount of the payroll deduction. This form must be received by Wednesday prior to the week of payroll.

- Membership enrollment (*effective upon completion of this form*)
- Termination of membership (*requires 15 days notice*)
- Change in amount of payroll deduction (*effective upon completion of this form*)

Check One Box: District Employee County Employee

Effective Date: ____ / ____ / ____ **Employee ID #:** _____

Last Name: _____ **First Name:** _____

Deduction Amount: *Employee: \$9.17 / pay period** *Family: \$18.34 / pay period** **Based on 24 pay periods*

I authorize Johnson County Government to make payroll deductions for my membership fee at the Athletic Training Center.

Signature: _____ **Date:** _____

ATC Staff Signature: _____ **Date:** _____

An additional waiver will be signed at the Athletic Training Center.