

RECREATIONAL SPORTS & FITNESS

FULL TIME FACULTY & STAFF PAYROLL DEDUCTION FORM

Step 1. Complete this section—please print.

Name _____

AU ID _____ Email _____

Campus Dept _____

Campus Address _____

Campus Telephone _____

Step 2. Indicate membership type and effective date.

I want to (*check one*) Join Drop Change level

Membership level (*check one*) Individual Family

I am paid (*check one*) Monthly Bi-weekly

I am a (*check one*) Full Time Faculty Full Time Staff Member

*If Full Time Faculty I am (*check one*) 9 month 12 month

By checking this box, I certify that I am a full time faculty or staff member and am eligible for benefits at AU.

Step 3. Review the following agreement terms.

- I understand that the fee for the Recreational Sports and Fitness membership will be deducted from my paycheck each pay period.
- I understand that if annual membership fees increase or decrease, the change will be reflected in the amount deducted from my check starting in the first affected pay period.
- To end this payroll deduction, I understand that it is my responsibility to notify Recreational Sports and Fitness in writing.
- I understand that if I leave the university my Recreational Sports and Fitness membership will end.

Step 4. Sign.

I certify that the information provided is correct and that I have read and understand the terms of this agreement above. By signing this agreement, I authorize AU to deduct the appropriate Recreational Sports and Fitness fee from my check each pay period.

Signature _____ Date _____

Step 5. Return by campus mail or in person to the Jacobs Fitness Center or Cassell Fitness Center front desk to:

Attn: Alicia Fodera
Recreational Sports and Fitness
Sports Center Room 230
Fax: x1007

For Recreational Sports and Fitness and HR Use Only

Entered:

Recreational Sports:

Date:

Entered HR:

Date: