



WELLNESS CENTER

PAYROLL DEDUCTION FORM

UVI WELLNESS CENTER YEAR MEMBERSHIP FOR FULL –TIME FACULTY AND STAFF

I am a full-time UVI faculty or staff member and wish to participate in the WELLNESS CENTER payroll deduction program. I am paid bi-weekly/monthly (circle one) and I authorize UVI to deduct \$_____ per paid period for a total of \$_____ from my paycheck. This deduction will become effective the first available pay day from the submission of this form.

MEMBERSHIP OPTIONS (check one):

____ YEAR MEMBERSHIP (GYM)/\$345.00

____ YEAR MEMBERSHIP (GYM) AND CLASSES/\$550.00

____ YEAR CLASSES ONLY/\$365.00

I understand

- that as a bi-weekly paid employee, the maximum payroll deduction will not exceed six pay days or;
- that as a monthly paid employee, the maximum payroll deduction will not exceed three pay days.

If I am separated from the University, for any reason, before completing my payment obligations under this program, the remaining balance shall be deducted from my last payroll check and/or any annual leave check received from the University. I understand that once the payments are received from my last payroll and/or annual leave checks, I will continue to have access to the Wellness Center through the duration of my membership under this program.

I understand that my membership to the Wellness Center through the payroll deduction program is non-refundable and non-transferrable.

PRINT NAME (FIRST, MIDDLE, LAST)

DATE

SIGNATURE

DATE

Return to: UVI Wellness Center or pdf via email to Wilbert.Ramos@uvi.edu

Wellness Center Representative _____ DATE _____