



GIFT SHOP CASHLESS CONVENIENCE PAYROLL DEDUCTION AUTHORIZATION

EMPLOYEE INFORMATION			
Employee Number	Last Name (As it appears on payroll check)	First Name	Middle

PARTICIPATION GUIDELINES AND REQUIREMENTS
<ol style="list-style-type: none">1. To be able to participate in the Gift Shop Cashless Convenience Payroll Deduction program, an employee must have been employed for two weeks.2. Participant must present his/her badge to the Gift Shop cashier for each purchase and sign for each purchase made with Gift Shop Cashless Convenience. If you forget your badge, you will not be able to use this system for that purchase.3. It is the responsibility of each employee to maintain the security of his/her badge. Lost or stolen badges should be reported immediately to the MetroHealth Police Department. In addition, the employee will need to obtain a new badge (at a replacement cost of \$15) from the Police Department. The employee will be held responsible for all transactions up to the time that the badge is reported lost or stolen.4. It is against policy for an employee to allow another employee to use his/her badge for any reason, which includes making a Gift Shop Cashless Convenience purchase.5. There is a pre-set limit of \$75.00 that an employee can charge at the Gift Shop within a pay period. If the employee's earnings do not cover the charges incurred, the Gift Shop Cashless Convenience privileges will be suspended until the balance is paid in full.6. Receipts will be required to substantiate any and all discrepancies and must be addressed (with a Gift Shop supervisor) within the same pay period that the purchase was made. No refund credits will be made to an account without a receipt, and cash refunds will not be made for a credit purchase.7. If an employee desires to terminate participation in the Gift Shop Cashless Convenience program, he/she must complete a Request to Discontinue form and submit it to Payroll Department.8. If an employee gives notice to terminate employment, their Gift Shop Cashless Convenience privileges will be automatically suspended on the day of termination.9. Abuse of the Gift Shop Cashless Convenience system may lead to disciplinary action, up to and including termination.10. MetroHealth reserves the right to change the requirements for participation in this program at any time and without advance notice.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE GUIDELINES AND REQUIREMENTS FOR PARTICIPATION IN THE CASHLESS CONVENIENCE PROGRAM. I HEREBY AUTHORIZE METROHEALTH TO MAKE PAYROLL DEDUCTIONS OF ALL PURCHASES MADE USING MY IDENTIFICATION BADGE. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR AND AGREE TO PAY ALL CHARGES MADE AGAINST MY IDENTIFICATION BADGE. I AGREE NOT TO HOLD METROHEALTH RESPONSIBLE FOR ANY DEDUCTIONS FROM MY CHECK CAUSED BY CHARGES WHICH I MAY DISPUTE. I FURTHER UNDERSTAND THAT UPON TERMINATION OF MY EMPLOYMENT ANY REMAINING BALANCE WILL BE DEDUCTED FROM MY FINAL PAYCHECK, IF APPLICABLE.

Signature	Date
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PAYROLL DEPARTMENT USE ONLY		
Effective Date:	Processed By:	Date: