

## PAYROLL DEDUCTION AUTHORIZATION

(To be utilized in the Atrium Grille Cafeteria, Plaza Café, Towers Café or Old Brooklyn Cafe)

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

PARTICIPATION GUIDELINES AND REQUIREMENTS
<ol style="list-style-type: none"> <li>1. To be able to participate in the Payroll Deduction program, an employee must have been employed for two weeks.</li> <li>2. Participant must present his/her badge to the cafeteria cashier for each purchase made with Payroll Deduction. If you forget your badge, you will not be able to use this system for that purchase.</li> <li>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.</li> <li>4. It is against policy for an employee to allow another employee to use his/her badge for any reason, which includes making a Payroll Deduction purchase.</li> <li>5. There is a pre-set limit of \$125 that an employee can charge within a pay period. If the employee's earnings do not cover the charges incurred, the Payroll Deduction privileges will be suspended until the balance is paid in full.</li> <li>6. Receipts will be required to substantiate any and all discrepancies and must be addressed with a cafeteria supervisor within the same meal 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.</li> <li>7. If an employee desires to terminate participation in the Payroll Deduction program, he/she must complete a Request to Discontinue form and submit it to the Payroll Department</li> <li>8. If an employee gives notice to terminate employment, their Payroll Deduction privileges will be automatically suspended on the day of termination.</li> <li>9. Abuse of the Payroll Deduction system may lead to disciplinary action, up to and including termination.</li> <li>10. MetroHealth reserves the right to change the requirements for participation in this program at any time and without advanced notice.</li> </ol>

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.

<b>Signature</b>	<b>Date</b>
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PAYROLL DEPARTMENT USE ONLY
<b>Effective Date:</b> _____ <b>Processed By:</b> _____ <b>Date:</b> _____