

# KSU Employee Fitness Center

## *Payroll Deduction: Membership Rates Worksheet*

<b>Membership Type</b>	12-Month KSU Employee/Faculty	10-Month KSU Faculty
12 month employee/faculty	\$10.00	
10 Month faculty		\$12.00
Spouse/Significant Other Child (16+) – Other Family Member  **living in household of KSU employee (EFC member)**	\$12.00	\$14.40
Extended Family Member (e.g. children; siblings; parents)  **not living in household of KSU employee (EFC member)**	\$24.00	\$28.80

<b>Member Name</b> <i>(List relationship if not KSU employee)</i>	<b>Total</b>
<b>Total Payment Amount:</b>	

**KSU Employee Fitness Center**  
**Payroll Deduction Authorization Form**  
*(Please Print)*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**KSU ID #** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Extension:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Deduction:**  **New Deduction**  **Change Existing**  **Cancellation**  
**Reason:** \_\_\_\_\_

**Pay Type:**  **Monthly Staff**  **Bi-weekly Staff**

**12-Month Faculty**  **10-Month Faculty**

**Amount to be payroll deducted:** \_\_\_\_\_

**Date of Payroll Deduction Change:** \_\_\_\_\_

I hereby authorize Kennesaw State University to deduct dues from my paycheck. I understand that my membership dues paid through payroll deduction will automatically continue unless a cancellation form is completed and returned to the Center for Health Promotion and Wellness. If any changes need to be made, i.e. addition/deletion of family membership, this should be done immediately by contacting the Employee Fitness Center. I agree to make a one-year commitment for my health and well-being and agree to adhere to the enrollment policy guidelines.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*\* Children must be 16 years of age or older and covered by you or your spouse's health insurance benefits. An adult must accompany children age 16-17 years while using the Employee Fitness Center.*