



# PAYROLL DEDUCTION FORM

Palomar Community College District- Wellness/Fitness Center  
[fitnesscenter@palomar.edu](mailto:fitnesscenter@palomar.edu) 760.744.1150, Ext. 2838



I authorize the deduction of \$120.00 per year from my paycheck to the Wellness/Fitness Center. The monthly amount will be based on your contracted months of employment. If you work 12 months, \$10 will be deducted each month. If you work 11 months, \$11 will be deducted each month. If you work 10 months, \$12 will be deducted each month. I understand that this monthly deduction remains in effect until I cancel. To cancel, I will submit a WFC Payroll Deduction Cancellation Form to the Wellness/Fitness Center. Cancellation must be made BEFORE the 15<sup>th</sup> of the month to cancel fees for the following month. **\*\*Only classified or contracted faculty and staff are eligible. Please note: Failure to abide by WFC rules and regulations may result in membership cancellation and WFC access revocation.**

Last Name: (Please Print) \_\_\_\_\_ First Name: \_\_\_\_\_

Date: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext. #: \_\_\_\_\_

Emergency Contact: (Please Print) \_\_\_\_\_  
(NAME) (NUMBER) (RELATIONSHIP)

\*\*\*Number of months on regular salary (circle one): 10 11 12

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WFC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>WFC STAFF ONLY PLEASE</b>
SENT TO PAYROLL OFFICE
Effective-
DATE: _____
WFC STAFF: _____



# PAYROLL DEDUCTION CANCELLATION FORM

Palomar Community College District- Wellness/Fitness Center  
[fitnesscenter@palomar.edu](mailto:fitnesscenter@palomar.edu) 760.744.1150, Ext. 2838



Last Name: (Please Print) \_\_\_\_\_ First Name: \_\_\_\_\_

Date: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext. #: \_\_\_\_\_

I \_\_\_\_\_ have chosen to cancel my Payroll Deduction of \$120.00 per year for use of the Palomar College Wellness/Fitness Center. I understand that my CANCELLATION FORM must be submitted to the Wellness/Fitness Center before the 15<sup>th</sup> of the month to stop the deduction for the following month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WFC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>WFC STAFF ONLY PLEASE</b>
SENT TO PAYROLL OFFICE
Effective-
DATE: _____
WFC STAFF: _____