



Marion County Public Schools

Developing Successful Citizens –
Every Student, Every Day

Human Resources Department Risk Management Division

1105 SW 7th Road • Ocala, FL 34471
(352) 671-6910

Fax (352) 671-4100 (General), Fax (352) 671-6913 (Benefits)
F R S (800) 955-8770 (Voice) • (800) 955-8771 (TTY)

PAYROLL DEDUCTION AUTHORIZATION FORM EMPLOYEE WELLNESS PROGRAMS

PLEASE READ BEFORE SIGNING

The MCPS Employee Wellness Program is pleased to offer a variety of affordable wellness initiatives for employees to participate in throughout the year. Please complete and submit this form in a timely manner to ensure the appropriate deductions are made. This form is *required* for participation. Payroll deductions will be done within 4 weeks of submitting this form.

Deductions

- Group Fitness Class - \$10.00**
One-time payment
- L.E.A.N. 4 Life Registration - \$25.00**
One-time payment
- Fitbit Flex - \$50.00** →
Split over 2 pay periods (\$25/check)
- Fitbit Zip - \$30.00**
One-time payment
- Other** _____

Please complete this form and email it to wellness@barrettlinerc.com or fax it to (352) 622-1050. Fitbits will be assigned on a first come/first serve basis as a limited number are available.

I hereby authorize my employer, Marion County Public Schools, to deduct the above amount from my pay check for participation during the current school year. I understand once this form is submitted, I am not eligible to receive a refund or credit.

Print Name: _____ Employee ID: _____

Signature: _____ Date: _____

Dr. Heidi Maier
Superintendent

Nancy Stacy
District 1

Beth McCall
District 2

Bobby L. James
District 3

Angie Boynton
District 4

Kelly King
District 5

~ An Equal Opportunity School District & Drug-Free Workplace ~

Speak Up Hotline 866-SPEAK-UP or Text SPEAKUP to 847411

