



# Marion County Public Schools

*Developing Successful Citizens --  
Every Student, Every Day*

*Human Resources Department  
Risk Management Division*

## EMPLOYEE WELLNESS PROGRAM

### 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 begin within 4 weeks of submitting this form.

#### Deductions

**Fitbit Versa Lite - \$134.00\***

\* Deductions will be made over 4 pay periods (\$33.50/check).

\* Fitbits will be assigned on a first come/first serve basis as a limited number are available.

\* **Please complete this form and email it to [wellness@barrettlinerco.com](mailto:wellness@barrettlinerco.com) OR fax it to (352) 622-1050.**

I hereby authorize my employer, Marion County Public Schools, to deduct the above amount from my paycheck for participation in the wellness program 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: \_\_\_\_\_

MCPS Email Address \_\_\_\_\_