



**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 be done within 4 weeks of submitting this form.

Deductions

Group Fitness Class - \$10.00*

** This form must be submitted to your instructor at the first class of each semester.
Participants should submit one form for each class in which they are registered.
Only one form will be processed through payroll deduction per school year.*

I hereby authorize my employer, Marion County Public Schools, to deduct the above amount from my pay check 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: _____

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

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

