

Office use only

Old badge deactivated
 date _____

New badge activated
 date _____

Adjustments _____ Initials _____

CHRISTUS Trinity Mother Frances- Tyler
GIFT SHOP
Payroll Deduction Authorization Form

Amount of Balance	Amount Taken from Each Check
\$0.00-50.00	Full Amount
\$50.01-150.00	Amount divided by 2 payments
\$150.01-250.00	Amount divided by 3 payments
\$250.01-400.00	Amount divided by 4 payments

Please Note Gift Shop Payroll deductions are combined with any other CTMF Volunteer vendor fundraiser. If you purchase at the gift shop AND purchase at a fundraiser BOTH deductions will be added together and deducted as detailed above. **Cafeteria Payroll Deductions are also separate from Gift Shop deductions.**

****REQUIRED EMPLOYEE INFORMATION-PRINT CLEARLY****** business purposes only

First and Last Name (former if applicable):	Employee ID Number:	FTE Level/Employment Status:
First 5 digits of badge number:	Department:	
Mailing Address:	Home Phone Number:	Work Extension:
Cell Phone Number:	Email Address:	
Would you like a copy of this agreement? (copy will be emailed to address on file) Yes / No	FOR NEW BADGES ONLY: Put a check next to the reason for new badge: Name change ___ Department Change ___ New Employee ___ Lost/Replacement ___ Credential Change ___	

If I terminate, I agree that the full amount owed will be deducted from my final paycheck. If my final check is less than the amount owed, the remaining balance is due and payable at the time of my termination. Legal action will be taken to collect the unpaid balance. I have read this agreement and understand all of its ramifications.

Employee Signature _____ Date _____ Witness _____

Please return in person to the Gift Shop, email to the Gift Shop Manager at
Ladonna.Kelley@christushealth.org or fax form to 903-920-0341