

TEMPLE UNIVERSITY
STUDENT RECREATIONAL FACILITIES - ACCESS
Payroll Deduction Enrollment Form

PLEASE PRINT ALL INFORMATION LEGIBLY

Employee Name: _____

TU ID #: _____ Email: _____

Department: _____ Phone Extension: _____

Payroll Classification/Location: (NOTE: Part-Time and/or Temporary employees are NOT eligible for payroll deduction.)

UNIVERSITY:

TUHS: TU Hospital (610) TUHS Corporate (602) TPI (625) TUH Episcopal (614)

Jeanes (650) TUHS Executive (699)

Payroll Type (check one): Monthly Bi-Weekly Weekly

Access Agreement

By signing this Student Recreational Facilities Access Agreement, I understand that I have agreed to a minimum of a one year commitment for Student Recreational Facilities Access at a cost of \$120 per year. My initial year membership shall be prorated for the period beginning on the first day of the month in which I execute this Agreement and continuing through August 31st will be through payroll-deductions of \$10.00 a month as indicated below. **I further understand and agree that this Agreement will renew on September 1st each year for a one year period unless I have notified the Department of Campus Recreation in writing on or before July 1st that I do not want to renew my Student Recreational Facilities – Access for the upcoming September 1st – August 31st period.**

I understand that I can cancel this Agreement at any time by providing the Director of Campus Recreation with a **30-day notice** of my intent to cancel. In the event that I cancel the Agreement, I understand that I will not be permitted to enter into a new Student Recreational Facilities Access Agreement until September 1st unless I pay the balance of the access fee which would have been due from the effective date of my cancellation through the date on which I renew my access. The Director or Associate Director of the Department of Campus Recreation may cancel a membership upon presentation of written medical documentation that the user has an extreme medical condition which prohibits him/her from using the facilities.

Payroll Deduction Authorization:

I understand that the fee for Student Recreational Facilities Access is \$120 per year. Although this fee is prorated for any employee who elects automatic payroll deduction, I understand that I will be charged for the entire first month even though I have signed this Agreement after the 1st day of the month. I authorize automatic payroll deductions from my Temple paycheck beginning on the first regular payroll date following my execution of this Agreement for access to the Student Recreational Facilities and continuing until terminated in writing by me in accordance with this Agreement. I understand and agree that this Agreement will renew annually and this automatic payroll deduction will continue in accordance with Temple University's regular payroll schedule unless I notify Campus Recreation in writing on or before July 1st that I am canceling this Agreement effective September 1st. I further acknowledge that I am personally aware of the services available to a patron with employee status; have signed the waiver and physical injury document; and will abide by all rules, regulations and policies that govern the recreational facilities.

Employees must cancel their Payroll Deduction payments if they are taking a class and thus paying the inclusive University Services fee for access. Reimbursement for duplicate or overlapping payments will not be processed. Initials _____

*Employee Signature _____ Date _____

Campus Recreation Staff Initials _____ Campus Recreation Facility Location: _____

Authorization Signature _____
 (Director – Campus Recreation)

OFFICE USE ONLY					
HRS PLAN = [REC] Employee Access					
<u>PLAN</u>	<u>COV</u>	<u>BEGIN DATE</u>		<u>END DATE</u>	
IBC	M1 B1	____/____/____	____/____/____	____/____/____	____/____/____
		MM DD CCYY		MM DD CCYY	