



Food & Nutrition Services  
Erlanger Health System  
Retail Services Payroll Deduction Form

Date: \_\_\_\_\_ Employee Name(print): \_\_\_\_\_

I hereby authorize the Erlanger Health System Payroll Department to deduct from my Wages my cafeteria charges to include charges from CrossRoads Café, Starbucks or Baroness Café per pay period (choose by indicating the amount you want to able to charge by checking one of the boxes below):

\_\_\_\_\_ (Initial) A maximum of \$50.00 per pay period of a bi-weekly payroll.

\_\_\_\_\_ (Initial) A maximum of \$100.00 per pay period of a bi-weekly payroll.

I understand this payroll deduction accumulation will begin with my next payroll check.

I understand that my total charges in a payroll cycle will be deducted in the full amount each payroll and will NOT be spread over several pay periods.

I understand that to stop this deduction I must complete a "Stop Cafeteria Payroll Deduction Form" located in the Food & Nutrition Services office. I understand that when I reach my bi-weekly limit I will NOT be permitted to payroll deduct additional food purchases until the following payroll cycle.

I understand that I am responsible for all food charges associated with the user of my employee identification card, that I will NOT lend my card to anyone and MUST be present at the time of purchase, and, that I must immediately report my card as lost or stolen to Food & Nutrition Services Office. I understand that it is possible that a specific payroll deduction for a cafeteria purchase may not post against my payroll exactly on the date of the transaction but will post as soon as possible thereafter.

I further understand that in the event my employment is terminated from EMC, I authorize any balance remaining on my account be deducted from my final paycheck. If there is not sufficient pay to cover my account balance on my final check, I will be responsible to pay in cash, by check or credit card the remaining amount.

I understand that I am responsible for retaining all receipts. In the event of a dispute of charges I must produce all receipts and file a dispute in the Food & Nutrition Services Office within 2 weeks after deduction. (A form will be available in the Office). A discrepancy in my favor within the payroll period will be refunded back to my account. If the discrepancy in my favor occurs after the payroll cycle has ended, a Cafeteria Voucher will be issued. No cash refunds will be issued for refunds of any reason. Bankruptcy or Wage Garnishments will prohibit admission to the payroll deduct system.

All questions concerning food purchases should be directed to the Food & Nutrition Services Office. Office hours are Monday - Friday 9:00am - 3:00pm.

This completed form MUST be turned into the Food & Nutrition Services Office.

Allow 2 business days for the payroll deduction to go into effect.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

Office Use Only

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Food & Nutrition Services Authorization

\_\_\_\_\_  
Date