

PCH Employee Voluntary Payroll Deduction
(This is for full time and part time employees)
PRN EMPLOYEES ARE NOT ELIGIBLE

Employee Name: _____

(Please Print)

Clock Number: _____

The undersigned hereby voluntarily assigns and AUTHORIZES **PRINCETON COMMUNITY HOSPITAL** to make MT. THYME CAFÉ/KIOSK/MOUNTAIN VIEW CAFÉ AND/OR SUNSHINE GIFT SHOP Payroll Deductions to pay for purchases I made from **PRINCETON COMMUNITY HOSPITAL** MT. THYME CAFÉ/KIOSK/MOUNTAIN VIEW CAFÉ AND/OR SUNSHINE GIFT SHOP. I agree that any purchases made in any 2-week time frame, which I wish to have paid, by payroll deduction may not exceed the sum of \$150.00.

Please check the box of your choice or choices

☐ **\$75.00 for Mt. Thyme Café/Kiosk/Mountain View Café**

☐ **\$75.00 for Sunshine Gift Shop**

I understand and agree that deductions to pay all amounts owed MT. THYME CAFÉ/KIOSK/MOUNTAIN VIEW CAFÉ/AND/OR SUNSHINE GIFT SHOP **will be taken out the following pay period.**

This payroll deduction will remain in effect until such time as all monies due and owing **PRINCETON COMMUNITY HOSPITAL** MT. THYME CAFÉ/KIOSK/MOUNTAIN VIEW CAFÉ/AND/OR SUNSHINE GIFT SHOP has been reduced to zero.

I understand that this payroll deduction agreement is REVOCABLE by me at any time by giving written notice to **PRINCETON COMMUNITY HOSPITAL**. Should I revoke this payroll deduction agreement, I understand and agree to remit to **PRINCETON COMMUNITY HOSPITAL** the FULL amount of my balance due and owing and I assume all financial responsibility

If, for any reason, I would resign or be terminated from my employment at **PRINCETON COMMUNITY HOSPITAL**, any balance will be deducted from my final pay from **PRINCETON COMMUNITY HOSPITAL**, for the purchases.

If the remaining balance still exceeds the amount of my final paycheck, I agree to remit to **PRINCETON COMMUNITY HOSPITAL**, the FULL amount due and I assume all financial responsibility.

Employee Signature

Date