



PAYROLL DEDUCTION AUTHORIZATION FORM

INSTRUCTIONS

Please fax form to 919-843-5452 or email to mindfulness@med.unc.edu.

Only permanent employees with a minimum of 12 months continuous UNC service are eligible to apply for payroll deduction. (Temporary employees are not eligible).

If you have questions about payroll deduction, please contact the Mindfulness Program Coordinator, Kelly Eason, at 919-966-8586.

EMPLOYEE NAME:		DATE:	
DEPARTMENT:		PID:	
WORK OR CELL PHONE		FEE:	
COURSE NAME:			
CLASS START DATE:		CLASS END DATE:	

HOW OFTEN DO YOU RECEIVE YOUR PAY?	
BI-WEEKLY	
MONTHLY	

I, _____, hereby authorize my employer, The University of North Carolina at Chapel Hill, to deduct from my salary the amount of \$_____ each pay period beginning with the next pay period and continuing until the course fee of \$_____, which I owe to The University of North Carolina at Chapel Hill, is satisfied.

Subject to wage and hour laws, I further authorize The University of North Carolina at Chapel Hill to deduct any outstanding balance due under this Payroll Deduction Agreement, from my final paycheck upon my separation from employment at The University of North Carolina at Chapel Hill.

I understand that the authority to permit this payroll deduction is granted by North Carolina General Statutes under

EMPLOYEE SIGNATURE		DATE	
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