



**Muskogee Swim and Fitness Center Benefit for Employees**

All active employees of Connors State College have an optional benefit of a membership at Muskogee Swim and Fitness Center in Muskogee, Oklahoma. This membership is all inclusive and includes all fitness and aquatics programs as well as group fitness classes offered at Muskogee Swim and Fitness Center. Authorized family members may also attend.

**In order for an employee to join Muskogee Swim and Fitness Center:**

1. Employee must fill out a Payroll Deduction Authorization form and file it with our Benefits Coordinator, Cyndee Nance.
2. An email authorizing employee membership will be sent to Membership Coordinator at Muskogee Swim and Fitness Center.
3. Muskogee Swim and Fitness Center will only enroll employees and/or family members with confirmation that a Payroll Deduction Authorization form has been submitted.
4. Employee must fill out application at Muskogee Swim and Fitness Center. Driver’s license is required in order to complete application.

Before taking advantage of this benefit employees should be aware of the program benefits.

Connors State College provides:

- Membership opportunity at Muskogee Swim and Fitness Center at a reduced rate for all active employees and authorized family members.
- Payroll Deduction to cover reduced cost of membership.
- Comp hours can be earned if employee attends gym at least 8 times in a month as a part of Campus Wellness Initiative.

Connors State College Employee provides:

- Completed and signed Payroll Deduction Authorization form.

Muskogee Swim and Fitness Center provides:

- All inclusive gym membership to employees of Connors State College and their authorized family members.

Standard memberships are offered to the employee at a reduced rate detailed below.

<u>Member</u>	<u>Amount Paid by employee via Payroll Deduction</u>
Employee	<input checked="" type="checkbox"/> \$15.00 if employee attends gym at least 6 times within a month.
	<input checked="" type="checkbox"/> \$26.75 if employee attends gym less than 6 times within a month.
Family Member	<input checked="" type="checkbox"/> \$15.75 flat rate



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Payroll Deduction Authorization Form

WHEN COMPLETED RETURN TO: Cyndee Nance-CSC Benefits Coordinator

I hereby authorize Connors State College to process a payroll deduction for the purpose state below. The deduction will occur on the first payroll following the date below.

Purpose: **Muskogee Swim and Fitness Center Membership**

Amount: \$15.00 per Month(Faculty/Staff Rate if attending at least 6 times per month)  
 \_\_\_\_\_ \$26.75 per Month(Faculty/Staff Rate if attending less than 6 times per month)

\_\_\_\_\_ \$15.75 per Family Member per Month (Some conditions apply)

\_\_\_\_\_ Number of Family Members

(Note that rates are subject to change. Active employees will be given a 30-day notice.)

I understand that it is my responsibility to update this payroll deduction agreement with Connors State College if any changes are made including but not limited to: adding or removing a family member, or complete withdrawal of membership from Muskogee Swim and Fitness Center.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

**For Connors State College Human Resources Use Only:**

Accepted by: \_\_\_\_\_

Date \_\_\_\_\_