



Fitbit Order / Payroll Deduction Authorization Form

Employee Name:

Employee ID Number: Email Address: @richmond.k12.va.us

School /Department:

I hereby authorize Richmond Public Schools to deduct the amount stated below per pay period from my paycheck for the period indicated.

One™: \$15.94 deduction for 4 pay periods (\$63.75 total)

Flex™: \$15.94 deduction for 4 pay periods (\$63.75 total)

Charge: \$20.72 deduction for 4 pay periods (\$82.88 total)

Charge HR: \$23.90 deduction for 4 pay periods (\$95.59 total)

Surge: \$39.85 deduction for 4 pay periods (\$159.38 total)

- I understand and acknowledge dues such as Income Tax and Social Security Tax take priority over these deductions.
- I understand deductions will not take effect during the current payroll cycle.

Employee Signature: _____

Employee Name (printed):

Date:

Please return form to: Benefits & Risk Management Office (Norrell Annex) 201 W. Graham Rd Richmond VA 23222 Phone 804-780-7828 Fax 804-780-8279 no later than **March 3, 2015**

FOR PAYROLL USE

Received Date:

Action Taken Date:

By:

Initials: