



Crouse Hospital College of Nursing  
**NURSING CONFERENCE – MAY 22, 2013**  
Payroll Deduction Authorization Form

**Please send your completed form to:**  
**LindaSue Thompson**  
**Crouse Hospital College of Nursing Office,**  
**Marley Education Center, 3<sup>rd</sup> floor**

Date \_\_\_\_\_ Employee ID # \_\_\_\_\_

Employee Name (PRINT) \_\_\_\_\_

I authorize Crouse Hospital Payroll Department to deduct from my pay check:

- \$100.00 registration fee for professionals
- \$ 50.00 registration fee for students

Please divide this fee among:

- 1 Paycheck
- 2 Paychecks

I agree that in the event of separation from employment I am legally obligated to satisfy the balance immediately through payroll deduction or direct payment to Crouse Hospital, Inc.

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