

The MetroHealth System EMPLOYEE BENEFITS

New Hire Forms

To begin, click on a form or click on the “NEXT” button on the bottom of this page.

Use this page as your “Checklist.” Bring each completed form with you to New Hire Orientation Day.

Forms

- Direct Deposit Form
- Form W-4
- Cuyahoga County, Ohio Payroll Deduction Authorization for Municipal
- Ohio Department of Taxation
Public School District of Residence Employee Withholding Certificate
- Cash Convenience Payroll Deduction Authorization
- Gift Shop Cashless Convenience Payroll Deduction Authorization
Final Instructions

Questions? Please call Employee Benefits Department at 216-957-2371, or 216-957-2372.



THE METROHEALTH SYSTEM

DIRECT DEPOSIT IS MANDATORY: ACCOUNT[S] MUST TOTAL 100% OF NET PAY

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize THE METROHEALTH SYSTEM to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter call DEPOSITORY, to credit and debit the same entries to such account.

This authority is to remain in full force and effect until The MetroHealth System has received written notification from me on its' termination in such time and in such manner as to afford The MetroHealth System a reasonable time to act on it.

DATE: _____ EMPLOYEE # / SSN: _____

NAME (print): _____ EXT#: _____

SIGNATURE: _____
do not print or type

OR
ATTACH VOIDED CHECK HERE
ATTACH PREPRINTED PROOF
OF ACCOUNT NUMBER HERE

1)

<input type="checkbox"/>	CHECKING	<input type="checkbox"/>	SAVINGS
BANK NAME: _____			
BANK TRANSIT #: _____		ACCOUNT #: _____	
<input type="checkbox"/>	100%	OR	<input type="checkbox"/>
			FLAT DOLLAR AMOUNT: _____
		<input type="checkbox"/>	REMAINDER OF NET PAY TO CHECKING *
		<input type="checkbox"/>	REMAINDER OF NET PAY TO SAVINGS *
* COMPLETE ADDITIONAL ACCOUNT(S) AS NEEDED			

OR

2) ATTACH VOIDED CHECK HERE
ATTACH PREPRINTED PROOF
OF ACCOUNT NUMBER HERE

<input type="checkbox"/>	CHECKING	<input type="checkbox"/>	SAVINGS
BANK NAME: _____			
BANK TRANSIT #: _____		ACCOUNT #: _____	
<input type="checkbox"/>	100%	OR	<input type="checkbox"/>
			FLAT DOLLAR AMOUNT: _____
		<input type="checkbox"/>	REMAINDER OF NET PAY TO CHECKING *
		<input type="checkbox"/>	REMAINDER OF NET PAY TO SAVINGS *
* COMPLETE ADDITIONAL ACCOUNT(S) AS NEEDED			

DO NOT WRITE BELOW THIS LINE: PAYROLL DEPARTMENT USE ONLY

ENTERED BY: _____ PP# _____ YR _____

COMPLETED



Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2014
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



CLICK HERE FOR INSTRUCTIONS

CUYAHOGA COUNTY, OHIO
PAYROLL DEDUCTION AUTHORIZATION
FOR
MUNICIPAL

Employer: The MetroHealth System

Pursuant to Section 9.42 of the Ohio Revised Code, I hereby authorize you to deduct from my gross salary or wages, earned on or after January 1, 1967, such amounts of municipal income tax as may now or thereafter be required by ordinance passed by the municipality of Cleveland, or regulations promulgated thereunder, and to remit such amounts to said municipality on my behalf, in accordance with pertinent ordinances or regulations of said municipality.

<input type="text"/>	<input type="text"/>	
Name (Please Print)		
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City		
Signature - do not print or type		
<input type="text"/>		
Date		

COMPLETED



Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse, and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year, or which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at anytime if the number of your exempts **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claim her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for Federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate.

If possible, file a new certificate by December 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Income tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file a Declaration of Estimated Individual Income Tax even though Ohio income tax is being withheld from their wages. This is because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding with his employer by using line 5.



Ohio Department of TAXATION

Employee's Withholding Exemption Certificate

IT-4 Rev. 12/00

Print Full Name _____ Social Security Number _____

Home Address and Zip Code _____

Public School District of Residence _____ School District No. _____ Instruction Note _____

- 1. Personal exemption for yourself, enter "1" if claimed _____
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
- 3. Exemptions for dependents _____
- 4. Add the exemptions which you have claimed above and enter total _____
- 5. Additional withholding per pay period under agreement with employer _____ \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature - do not print or type _____ Date _____



PUBLIC SCHOOL DISTRICT OF RESIDENCE EMPLOYEE WITHHOLDING CERTIFICATE

We are required by Ohio law [Ohio Revised Code Section 5747.06(E)] to ask all employees for their public school district of residence. Please circle the school district of your residence, sign and date this form. If you reside in a county other than these listed below, please enter the information in the space provided. Your exemptions are the same for school district withholding as they are for state income tax withholding purposes.

CUYAHOGA COUNTY

Bay Village City SD	1801	Beachwood City SD	1802	Bedford City SD	1803
Berea City SD	1804	Brecksville-Broadview Hts City SD	1806	Brooklyn City SD	1807
Chagrin Falls Ex Vil SD	1808	Cleveland City SD	1809	Cleve Hts-Univ Hts City SD	1810
Cuyahoga Hts Local SD	1811	East Cleveland City SD1812	Euclid City SD	1813
Fairview Park City SD	1814	Garfield Hts City SD	1815	Independence Local SD	1816
Lakewood City SD	1817	Maple Hts SD	1818	Mayfield City SD	1819
North Olmsted City SD	1820	North Royalton City SD	1821	Olmsted Falls City SD	1822
Orange City SD	1823	Parma City SD	1824	Richmond Hts Local SD	1825
Rocky River City SD	1826	Shaker Hts City SD	1827	Solon City SD	1828
S Euclid-Lyndhurst City SD	1829	Strongsville City SD	1830	Warrensville Hts City SD	1831
Westlake City SD	1832				

GEAUGA COUNTY

Berkshire Local SD	2801	Cardinal Local SD	2802	Chardon Local SD	2803
Kenston Local SD	2804	Ledgemont Local SD	2805	Newbury Local SD	2806
West Geauga Local SD	2807				

LAKE COUNTY

Fairport Harbor Ex Vil SD	4301	Kirtland Local SD	4302	Madison Local SD	4303
Mentor Ex Vil SD	4304	Painesville City SD	4305	Painesville Local SD	4306
Perry Local SD	4307	Wickliffe City SD	4308	Willoughby-Eastlake City SD	4309

LORAIN COUNTY

Amherst Ex Vil SD	4701	Avon Lake City SD	4702	Avon Local SD	4703
Clear-view Local SD	4704	Columbus Local SD	4705	Elyria City SD	4706
Firelands Local SD	4707	Keystone Local SD	4708	Lorain City SD	4709
Midview Local SD	4710	North Ridgeville City SD	4711	Oberlin City SD	4712
Sheffield-Sheffield Lake City SD	4713	South Amherst Local SD	4714	Wellington Ex Vil SD	4715

MEDINA COUNTY

Black River Local SD	5201	Brunswick City SD	5202	Buckeye Local SO	5203
Clover-leaf Local SD	5204	Highland Local SD	5205	Medina SD	5206
Wadsworth City SD	5207				

PORTAGE COUNTY

Aurora City SD	6701	Crestwood Local SD	6702	Field Local SD	6703
James A Garfield Local SD	6704	Kent City SD	6705	Ravenna City SD	6706
Rootstown Local SD	6707	Southeast Local SD	6708	Streetsboro City SD	6709
Waterloo Local SD	6710	Windham Ex Vil SD	6711		

SUMMIT COUNTY

Akron City SD	7701	Barberton City SD	7702	Copley-Fairlawn City SD	7703
Coventry local SD	7704	Cuyahoga Falls City SD	7705	Green Local SD	7707
Hudson Local SD	7708	Manchester Local SD	7706	Mogadore Local SD	7709
Nordonia Hills City SD	7710	Norton City SD	7711	Revere Local SD	7712
Springfield Local SD	7713	Stow City SD	7714	Tallmadge City SD	7715
Twinsburg City SD	7716	Woodridge Local SD	7717		

STARK COUNTY

Alliance City SD	7601	Canton City SD	7602	Canton Local SD	7603
Fairless Local SD	7604	Jackson Local SD	7605	Lake Local SD	7606
Louisville City SD	7607	Massillon City SD	7609	Minerva Local SD	7610
Marlington Local SD	7608	Northwest Local SD	7612	Osnaburg Local SD	7613
North Canton City SD	7611	Plain Local SD	7615	Sandy Valley Local SD	7616
Perry Local SD	7614				
Tuslaw Local SD7617					

WAYNE COUNTY

Chippewa Local SD	8501	Dalton Local SD	8502	Green Local SD	8503
North Central Local SD	8504	Northwestern Local SD	8505	Orrville City SD	8506
Rittman Ex Vil SD	8507	Southeast Local SD	8508	Triway Local SD	8509
Wooster City SD	8510				



CLICK HERE FOR INSTRUCTIONS



MetroHealth

**CASH CONVENIENCE PAYROLL DEDUCTION
AUTHORIZATION**

(To be utilized in the Atrium Grille Cafeteria)

Please print in ink

EMPLOYEE DATA			
Employee Number or Social Security	Last Name (As it appears on payroll check)	First Name	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARTICIPATION GUIDELINES AND REQUIREMENTS

- To be able to participate in the Cashless Convenience payroll deduction program, an employee must have been employed for two weeks.
- Participant must present his/her badge to the cafeteria cashier for each purchase made with Cashless Convenience. If you forget your badge, you will not be able to use this system for that purchase in addition to not receiving a cashless discount. As long as you have your ID badge with you at the time of purchase, you will receive the cashless discount, whether you choose to use the prepaid account or through the Cashless Convenience payroll deduction.
- It is the responsibility of each employee to maintain the security of his/her badge. Lost or stolen badges should be reported immediately to the MetroHealth Police Department. In addition, the employee will need to obtain a new badge (at a replacement cost of \$15) from the Police Department. The employee will be held responsible for all transactions up to the time that the badge is reported lost or stolen.
- It is against policy for an employee to allow another employee to use his/her badge for any reason, which includes making a Cashless Convenience purchase.
- There is a pre-set limit of \$100 that an employee can charge within a pay period. If the employee's earnings do not cover the charges incurred, the Cashless Convenience privileges will be suspended until the balance is paid in full.
- Receipts will be required to substantiate any and all discrepancies, and must be addressed (with a cafeteria supervisor) within the same meal period that the purchase was made. No refund credits will be made to an account without a receipt, and cash refunds will not be made for a credit purchase.
- If an employee desires to terminate participation in the Cashless Convenience program, he/she must complete a Request to Discontinue form and submit it to Payroll Department.
- If an employee gives notice to terminate employment, their Cashless Convenience privileges will be automatically suspended on the day of termination.
- Abuse of the Cashless Convenience system may lead to disciplinary action, up to and including termination.
- MetroHealth reserves the right to change the requirements for participation in this program at any time and without advanced notice.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE GUIDELINES AND REQUIREMENTS FOR PARTICIPATION IN THE CASHLESS CONVENIENCE PROGRAM. I HEREBY AUTHORIZE METROHEALTH TO MAKE PAYROLL DEDUCTIONS OF ALL PURCHASES MADE USING MY IDENTIFICATION BADGE. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR AND AGREE TO PAY ALL CHARGES MADE AGAINST MY IDENTIFICATION BADGE. I AGREE NOT TO HOLD METROHEALTH RESPONSIBLE FOR ANY DEDUCTIONS FROM MY CHECK CAUSED BY CHARGES WHICH I MAY DISPUTE. I FURTHER UNDERSTAND THAT UPON TERMINATION OF MY EMPLOYMENT AND REMAINING BALANCE WILL BE DEDUCTED FROM MY FINAL PAYCHECK, IF APPLICABLE.

Signature - do not print or type	Date
<input type="text"/>	<input type="text"/>

PAYROLL DEPARTMENT USE ONLY		
Effective Date _____	Processed By _____	Date _____



MetroHealth employees will be able to make gift shop purchases using payroll deduction.

For more information, or to sign up now,
ask the gift shop cashier,
or visit the "Forms" section on the MIV.

Gift Shop Hours

Monday - Friday.....	8:00 AM - 9:00 PM
Saturday.....	10:00 AM - 7:00 PM
Sunday.....	10:00 AM - 6:00 PM

Located near the Towers Café



CLICK HERE FOR INSTRUCTIONS



GIFT SHOP CASHLESS CONVENIENCE PAYROLL DEDUCTION AUTHORIZATION

Please Print in Ink or Type

EMPLOYEE DATA			
Employee Number	Last Name (As it appears on payroll check)	First Name	Middle Initial

PARTICIPATION GUIDELINES AND REQUIREMENTS

1. To be able to participate in the Gift Shop Cashless Convenience payroll deduction program, an employee must have been employed for two weeks.
2. Participant must present his/her badge to the Gift Shop cashier for each purchase and sign for each purchase made with Gift Shop Cashless Convenience. If you forget your badge, you will not be able to use this system for that purchase.
3. It is the responsibility of each employee to maintain the security of his/her badge. Lost or stolen badges should be reported immediately to the MetroHealth Police Department. In addition, the employee will need to obtain a new badge (at a replacement cost of \$15) from the Police Department. The employee will be held responsible for all transactions up to the time that the badge is reported lost or stolen.
4. It is against policy for an employee to allow another employee to use his/her badge for any reason, which includes making a Gift Shop Cashless Convenience purchase.
5. There is a pre-set limit of \$75.00 that an employee can charge at the gift shop within a pay period. If the employee's earnings do not cover the charges incurred, the Gift Shop Cashless Convenience privileges will be suspended until the balance is paid in full.
6. Receipts will be required to substantiate any and all discrepancies, and must be addressed (with a gift shop supervisor) within the same pay period that the purchase was made. No refund credits will be made to an account without a receipt, and cash refunds will not be made for a credit purchase.
7. If an employee desires to terminate participation in the Gift Shop Cashless Convenience program, he/she must complete a Request to Discontinue form and submit it to Payroll Department.
8. If an employee gives notice to terminate employment, their Gift Shop Cashless Convenience privileges will be automatically suspended on the day of termination.
9. Abuse of the Gift Shop Cashless Convenience system may lead to disciplinary action, up to and including termination.
10. MetroHealth reserves the right to change the requirements for participation in this program at any time and without advance notice.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE GUIDELINES AND REQUIREMENTS FOR PARTICIPATION IN THE GIFT SHOP CASHLESS CONVENIENCE PROGRAM. I HEREBY AUTHORIZE METROHEALTH TO MAKE PAYROLL DEDUCTIONS OF ALL PURCHASES MADE USING MY IDENTIFICATION BADGE. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR AND AGREE TO PAY ALL CHARGES MADE AGAINST MY IDENTIFICATION BADGE. I AGREE TO NOT HOLD METROHEALTH RESPONSIBLE FOR ANY DEDUCTIONS FROM MY CHECK CAUSED BY CHARGES WHICH I MAY DISPUTE. I FURTHER UNDERSTAND THAT UPON TERMINATION OF MY EMPLOYMENT, ANY REMAINING BALANCE WILL BE DEDUCTED FROM MY FINAL PAYCHECK, IF APPLICABLE. IF FINAL PAYMENT IS NOT SUFFICIENT TO COVER ANY BALANCE, I AUTHORIZE METROHEALTH TO RELEASE MY NAME, ADDRESS ON FILE, AND PHONE NUMBER ON FILE TO THE GIFT SHOP.

Signature- _____
Do not Print or Type Date

Payroll DEPARTMENT USE ONLY

Effective Date _____ Processed By _____ Date _____

COMPLETED



[CLICK HERE FOR INSTRUCTIONS](#)

FINAL INSTRUCTIONS:

1. Review the new hire forms for accuracy before you print.
2. Completed forms must be printed and signed and brought with you to Hospital Orientation.
3. Direct Deposit Authorization
 - For a checking account, bring a voided check or preprinted proof of account number including bank routing number.
 - For a savings account, bring a preprinted proof of account number including bank routing number.

Questions:

Please call Employee Benefits if you have questions: (216) 957-2366.