

COLLIER COUNTY FITNESS CENTER

Stop Payroll Deduction Form



BCC

Clerk of Courts

Property Appraiser

Supervisor of Elections

Employee Information

Name	_____	Department/Division	_____
SAP ID #	_____	Date of Birth	_____
Address	_____	City, State, Zip	_____
Home/Cell Phone	_____	Work Phone	_____

Employee and/or Dependent Memberships to Terminate:

<u>Last Name</u>	<u>First Name</u>	<u>Relationship</u>	<u>Male/Female</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please terminate membership(s) for those listed above from the Collier County Fitness Center Payroll Deduction Program.

Employee Signature

Date

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For NCRP Office Use Only

Reason: ☐ Medical ☐ Termination ☐ Other: _____

Payroll Deduction terminates on: _____ Staff Initials: _____ Submitted to HR: _____

Original – NCRP Fitness Center

Copy – Employee