**CITY of LITTLE ROCK**

**Jim Dailey Fitness & Aquatic Center Voluntary Deduction Agreement**

**Employee Name:** Click here to enter text.

**Department:** Choose an item.

**Employee Number:** Click here to enter text.

**Date of Birth:** Click here to enter a date.

**Gender:** Choose an item.

**Phone:** Click here to enter text.

This authorization will be effective the first day of the following month with payroll deduction coming out once a month from the last pay period in the month. If you would like to use the Center in the current month, please take a copy of this authorization to the Center.

[ ] Employee Only $10.00

[ ] Employee + Family (Spouse, Children) $15.00

[ ] **Authorization**:

I hereby authorize the City of Little Rock to withhold from my payroll check the voluntary deduction indicated above.

This authorization is to remain in force until the City of Little Rock received notice of cancellation from me. This notice of cancellation must be received by the Benefits office no later than Friday before payday to be effective the following payday Friday.

**Signed:** Choose an item. **Date:** Click here to enter a date.

[ ] **Cancellation:**

I hereby cancel the authorization for the City of Little Rock to withhold from my paycheck the voluntary deduction indicated above.

**Signed:** Choose an item. **Date:** Click here to enter a date.

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| Street Address: | Click here to enter text. |
| City/State/Zip: | Click here to enter text. |
| Emergency Contact Name: | Click here to enter text. |
| Emergency Contact Relation: | Click here to enter text. |
| Emergency Contact Phone No.: | Click here to enter text. |
| Email: | Click here to enter text. |

**Return to:** HRBenefits@LittleRock.gov