

Department of Mental Health

Employee Incentive and Recognition Program

Payroll Deduction Agreement

I agree to have monthly dues payroll deducted for the Employee Incentive Program until I give further written notice to the payroll office. Written notice to cease the payroll deduction must be received in the payroll office one month prior to the day the deduction would cease.

Print Name

Employee Signature

Date

I do not wish to participate in the Employee Incentive and Recognition Program. I have the right to join the program at a future date and to have the monthly dues deducted from my payroll check at that time.

Print Name

Employee Signature

Date

