



**Staff, Faculty, and Student Employee  
Durham Fitness Center Payroll Deduction Form**

Name: \_\_\_\_\_ Datatel ID: \_\_\_\_\_

Semester Covered: \_\_\_\_\_ Total Amount Due: **\$25**

Payroll Start Date: \_\_\_\_\_

Employment Type (*circle one*):      Staff      Faculty      Student Employee

***PLEASE NOTE: Your signature below authorizes payroll to begin this deduction on the payroll start date established above. If no date is specified, the deduction will begin on the next applicable payroll. Understand that if your employment at the college is terminated for any reason, the total balance is due at the date of termination. This form also authorizes the withholding of your final pay, and any other payments received in conjunction with your termination, go toward paying the balance due.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\* Payroll Use Only \*\***

Deduction Code: **DFCD**

Account Number: **01-44210-15910**

Notes:

Processor Initials: \_\_\_\_\_

Date: \_\_\_\_\_