



Cafeteria System Payroll Deduction Employee Participation & Authorization Form

1. Employees participating in payroll deduction must present his/her ID badge to the cafeteria cashier for all purchases. If you forget your badge, you will not be able to use the payroll deduction system for that purchase and will not receive an employer provided discount.
2. It is the responsibility of each employee to maintain the security of his/her badge. Lost or stolen badges should be reported immediately, in writing to the Human Resource Department. The employee will be held responsible for all transactions up to the time the badge is reported lost or stolen.
3. Employees shall not allow another employee to use his/her badge to make purchases.
4. Employee participation allows selection of a maximum deduction of \$50, \$75 or \$100 in purchases for payroll deduction each pay period. Employees will need to pay cash for amounts over their selected limit and cash purchases will not qualify for the employee discount.
5. If charges exceed wages in a pay period, the charges will be taken out of the next pay check. If this happens a second time in six months, payroll deduction privileges will be suspended for three months which will disqualify the employee from receiving a discount on purchases during that time. At the end of the three month period, the employee may reapply for payroll deduction participation and requalify to receive the employee discount.
6. Receipts will be required to substantiate any and all discrepancies. No refund credits will be made to an account without a receipt. Any issues or discrepancies must be addressed within two pay periods of purchase. No cash refunds will be made for a charged purchase.
7. If an employee desires to discontinue participation in the payroll deduction program, he/she must complete a Request to Discontinue Participation form.
8. Abuse of the payroll deduction system may lead to disciplinary action, up to and including termination.
9. Loma Linda University Medical Center reserves the right to change the requirements for participation in this program at any time and without advance notice.
10. If an employee has pending charges at the time of termination, those charges are authorized by the employee as a deduction to their final pay check.

Labor Code Provisions. Employee understands that Employee's request to deduct amounts owing from their paycheck is voluntary, as described in section 2.5 is governed by California Labor Code Section 224, which reads as follow:

The provisions of section 221, 222, and 223 shall in no way make it unlawful for an employer to withhold or divert any portion of an employee's wages when the employer is required or empowered so to do by state or federal law or when a deduction is expressly authorized in writing by the employee to cover insurance premiums, hospital medical dues or other deductions not amounting to a rebate or deduction from the standard wage arrived at by collective bargaining or pursuant to wage agreement or statute or when a deduction to cover health and welfare or pension plan contributions is expressly authorized by a collective bargaining or wage agreement.

Nothing in this section or any other provision of law shall be construed as authorizing an employer to withhold or divert any portion of an employee's wages to pay any tax, fee or charge prohibited by section 50026 of the Government Code, whether or not the employee authorizes such withholding or diversions.

With complete understanding of such provision, I specifically, freely, unequivocally, and voluntarily request that deductions be made from my paycheck, including any final paycheck, according to the provisions stated herein.

Deduction & Authorization Maximum Per Pay Period: \$50 \$75 \$100

I have read, understand, and agree to the above stated provisions.

Select Primary Company 'Ucvgf 'qp'Dcf i g': '''MC'''''' CH ''''''LLU ''''UHC ''''BMC ''' ''IEC ''' USS

Print Name: _____ Employee Signature: _____

Date: _____ Employee ID#: _____ Employee EID# _____ Front Barcode #: _____

Department: _____ Employee Work Extension: _____

Return form to Nutritional Services , MC 1301 or Fax to 909-558-4183

PRINT FORM

Note: Click "File, Save As" save it to your computer then send document as an email attachment to Richard Gast on Outlook