



JEFFERSON COLLEGE
of HEALTH SCIENCES

Payroll Deduction Form

Carllion Services, Inc.
Corporate Payroll Department

Authorization for Payroll Deduction:

Deduction Payable To: _____

Designation: _____ (if applicable)

Employee Name (Print): _____

Badge #: _____

Affiliate Name: _____

Amount Per Pay Period: _____ Total Amount Due: _____

I hereby authorize the Carillon Payroll Department to deduct from my wages per the instructions above. I understand that should my employment with Carilion be terminated, the balance will be due in full at that time.

Signature: _____

Date: _____

Approval: _____

Signature of authorizing organization representative

Return to: JCHS Development Office
Christina Hatch, Coordinator
101 Elm Avenue, SE
Roanoke, VA 24013-2222

Copies of this submitted form will be distributed to the JCHS Development Office, JCHS Bursar's Office and the JCHS Human Resources Office. The original form will be submitted to the Carilion Clinic Payroll Manager.

Rev: 1/11