



## Fall Celebration - Flashback to the 80's on October 4, 2025 Payroll Deduction Agreement

~Required to be paid in full by pay period ending 9/27/25 for discount~ Employees with a current declining balance through payroll deduction are not eligible.

I would like to participate in the Foundation's Fall Celebration event through payroll deduction or by donating PTO hours. The payment option I have elected is:

Early Bird Discount (Regular price is \$250 per person)					
Dinner Reservations - Please reserve seat(s)* at \$200 per person. Total = \$					
PTO Deduction Authorization  (PTO hours payable to the employee by check. The Foundation will contact you when the check is available for endorsement).  I would like to donate PTO hours equivalent to \$net.  [ ] I wish to only include deductions mandated by Federal & State law and exclude voluntary and other optional deductions.  Payroll Deduction Authorization					
			I request # of payroll deductions of \$00 per pay period to totaling \$		.00 per pay period to totaling \$00.
			of pay periods specified effective immed Office, send to Foundation@sarh.org or	diately. Please return for questions call 909.	ve selected amount from my paycheck for the number completed form to San Antonio Hospital Foundation 920.4962.  unt of funds owed and the amount must be paid off
			Employee Name (please print)	Employee #	Cell Phone #
Address					
Employee Signature	- Date	Email			
(Payı	roll Deduction is not an optior	for Per Diem employees)			
Office Use Only: Foundation - Declining	g Balance Deduction	Reference #			
Date sent to Human Resources:	Initials:	Deduction Start Date:			
HR Representative Signature	Date				