

Boone Memorial Hospital

Employee Payroll Deduction Form

Deduction for (event): _____

Event Date: _____

Employee Name: _____

Employee Number: _____

Total Amount to be withheld from pay: \$_____

Number of pays to be withheld (if possible) _____

Employee Signature: _____

Date: _____

Will you be bringing a dinner guest? ____ Yes ____ No

If so, please list name of guest: _____

*Please return form to Kelley Epling in Human Resources

*Questions regarding the event? Contact Karlie Belle in Marketing x5506