

EMPLOYEE PAYROLL DEDUCTION APPLICATION

THE TULALIP TRIBES

ti kupihali

Please read, fill out completely and send to Dale Grove at dgrove@tulaliptribes-nsn.gov

Employee Name: _____

Employee #: _____

(not your badge number)

Work e-mail address: _____

Department: _____

Please read the following before signing:

- 1. I authorize the deduction of monies from my bi-weekly payroll check for the total purchase of all charges for my items from (ti kupihali) during the payroll period.**
- 2. I understand the approval of my payroll deduction will remain in effect until such time as all monies due to The Tulalip Tribes have been paid **and/or** I submit a request in writing to have the payroll deduction stopped.**
- 3. I understand that should I terminate my employment with The Tulalip Tribes before the total amount has been deducted, the balance will be deducted from my final payroll check.**
- 5. I understand that the entire amount charged during the pay period will deduct from the same pay period payroll check. **I understand that if my paycheck does not have sufficient funds to cover the charges, the full amount will be deducted the following pay period.****
- 6. I understand that while I am on "Leave without Pay"; I will not be eligible to participate in the program until I return back to work.**
- 7. I understand that no other person will be allowed to charge items to my account, nor will I be allowed to charge to someone else's account.**
- 8. **I understand that no cash refunds will be made for charges. If it is determined that an error has occurred I will receive a credit to my account.****

Signature of Agreement: _____ Date: _____

