



HEALTH PROMOTION  
AND WELLNESS  
*Illinois State University.*

**STATE**  
your wellness.

Health Promotion and Wellness | 187 McCormick Hall | (309) 438-WELL | Wellness.IllinoisState.edu

# PAYROLL DEDUCTION FORM

for 2017-2018 Lifestyle Enhancement Program

Illinois State University Health Promotion and Wellness  
Payroll Deduct Authorization for Wellness Program Fees

Name (print) \_\_\_\_\_ University ID # \_\_\_\_\_

I hereby authorize Illinois State University to deduct \$ \_\_\_\_\_ from each of my payroll checks.

This will terminate when a total of **\$200.00** is reached. The total deduction is completed by June 30, 2018.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am paid (check one): \_\_\_\_\_ Hourly \_\_\_\_\_ Monthly \_\_\_\_\_ Exempt Semi-Monthly  
ISU Element WELL