



REQUEST TO DISCONTINUE PARTICIPATION IN THE CAFETERIA PAYROLL DEDUCTION DISCOUNT PROGRAM

This form must be signed and submitted by any employee who is currently enrolled in the Payroll Deduction Discount Program who no longer wishes to participate or who has lost their employee badge. If a badge has been lost, liability for any charges incurred will cease based on the time this document is received and time stamped.

My badge was lost and I request immediate cancellation of the badge for Cafeteria Purchases effective with this report. I understand that I am responsible for purchases prior to reporting the badge as lost. I understand that if I wish to continue the payroll deduction option that I will need to submit a new Cafeteria Payroll Deduction Participation Form specific to my new badge.

I would like to discontinue participation in the Payroll Deduction program for cafeteria purchases. I understand that after program initiation, I will not qualify for the employee discount on purchases not made through payroll deduction. I request that my badge be disabled for payroll deduction upon receipt by Nutritional Services of this notice.

Employee Name (please print): _____

ID Number: _____ Barcode Number: _____

Facility: LLUMC/CH/ECH BMC LLU UHC UHS

Employee Signature: _____

For Lost Badges Only:

Date/Time ID badge was lost: _____

<p>For Office Use Only:</p> <p>Employee Receiving Request: _____</p> <p>Department: Human Resource Management Nutritional Services Department</p> <p>Date: _____ Time: _____</p> <p>-----</p> <p>Date Received by Nutritional Services: _____</p> <p>Date/Time of Badge Deactivation: _____</p> <p>Pending Charges at Time of Deactivation: _____</p> <p>Initials: _____</p>
