HUMAN RESOURCES DEPARTMENT
City of Burlington

200 Church Street, Suite 102, Burlington, VT 05401

Voice (802) 865-7145
Fax (802) 864-1777
Vermont Relay: 7-1-1 or 800-253-0191

2020 GYM MEMBERSHIP PAYROLL DEDUCTION AGREEMENT

Effective through June 30, 2021. (Employees MUST renew memberships annually).

I, _____, wish to enroll in:
(Employee printed name)

Membership Location (check one)

- ☐ Sports and Fitness Edge (complete enrollment form)
- ☐ Greater Burlington YMCA (complete enrollment form)
- ☐ Snap Fitness
- ☐ Synergy
- ☐ Marketplace Fitness
- ☐ Lift VT
- ☐ On Track
- ☐ CrossFit Burlington
- ☐ Other – Please contact your HR Manager

Membership Type (check one)

- ☐ Single
- ☐ Two-person (both adults)
- ☐ Family

I hereby request and authorize the City of Burlington to deduct from my earnings each pay period an amount sufficient to repay the City for its advance payment of my annual membership and/or joining fees. I understand that this deduction shall be taken for 26 pay periods, if I am paid weekly OR 13 pay periods, if I am paid bi-weekly, commencing with the first payroll in July.

My annual membership fee will be $_____(including tax).

The weekly/biweekly deduction will be $_____(including tax).

If I terminate employment for any reason during the deduction period noted above, I authorize the City to deduct from any final payments due me for earnings or unused benefits, the balance due to the City for my annual membership and/or joining fees.

_____
Employee Printed Name

_____ _____
Employee Signature Date

This form is due to Human Resources by the Open Enrollment deadline of July 10, 2020.

HUMAN RESOURCES DEPARTMENT
City of Burlington

200 Church Street, Suite 102, Burlington, VT 05401

Voice (802) 865-7145
Fax (802) 864-1777
Vermont Relay: 7-1-1 or 800-253-0191

2020 GYM MEMBERSHIP PAYROLL DEDUCTION Worksheet

Effective through June 30, 2021. (Employees MUST renew memberships annually).

To assist with calculating your *annual membership and weekly/ biweekly deduction* amount, please complete the worksheet below

Gym Annual Amount	7% tax* *unless otherwise noted on the rate sheet	Total with Tax	Divide by Pay Periods 13 (biweekly) or 26 (weekly)	Per Pay Period Amount	COMMENTS
$372	$26.04	$398.04	13	30.62	Example for Single Membership at The Edge for an employee who is paid biweekly

This form is due to Human Resources by the Open Enrollment deadline of July 10, 2020.