



St. Petersburg College Palladium Membership Payroll Deduction Form

Employee ID Number: _____

Title: _____

Name: _____

Campus/Dept. _____

SPC E-mail: _____

For Palladium Membership

Please complete the following information:

Member's Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Telephone: _____

E-mail: _____

For payroll deduction, please complete this section and sign below:

Note that payroll deduction is not available for adjunct faculty due to payroll periods.

Effective immediately, please deduct \$25 as a one-time deduction from my paycheck for Palladium Membership.

Employee Signature

Date: _____

Campus Extension # : _____

For official use only: 1st Pay Date: _____ PS Date: _____ Continuous: Y ___ N ___

Send completed form via campus mail to Human Resources. THANK YOU!