TEMPORARY SALARY REDUCTION AGREEMENT

By this agreement made between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(employee) and Rhodes College (College), the parties hereto agree as follows:

1. The employee has enrolled in the Weight Watchers At Work program. The program will run from September 11, 2013 through November 27, 2013. The total cost of the program is $120.00.
2. The employee will provide the initial enrollment cost of $30.00. Additional payments for the program will be made through payroll deduction on the following dates:

Pay day 09/27/2013 = $15.00

Pay day 10/11/2013 = $15.00

Pay day 10/25/2013 = $15.00

Pay day 11/08/2013 = $15.00

Pay day 11/22/2013 = $15.00

Pay day 12/06/2013 = $15.00

1. If the employee does not complete the program the deductions will continue to be taken.
2. If the employee does not have sufficient funds for any of the above-mentioned payroll deductions to be made, the College may defer the deduction to a later pay period.
3. In the event that the employee ceases to be employed by the College before the above-mentioned deductions are made, the balance due will be deducted from the employee’s final paycheck.

The parties hereto have executed this agreement on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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Employee’s Signature Employee’s Identification Number

*By signing this form I affirm that I have read and understand the terms of this agreement.*

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer