

VCU Memo

Monroe Park Campus

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Human Resources

Human Resources Building
104 North Belvidere Street
P.O. Box 842511
Richmond, Virginia 23284-2511

Human Resources Services
804 827-1770
Fax: 804 828-0321

Payroll Services
804 828-0740
Fax: 804 828-3200

www.hr.vcu.edu/
TDD: 1-800-828-1120

To: VCU Payroll Services

From: _____

Date: _____

Subject: Payroll Deduction for CommonHealth Health-Check Screening

I authorize VCU to deduct the *one-time only* amount (as indicated below) from my next-available paycheck for payment of the Health-Check Screening.

By signing this form, I understand that if I separate employment from VCU prior to the payment, the amount will be deducted from my final paycheck.

_____ \$5 for employee-only screening

_____ \$7 for family screening

Name (print/type)

Signature

ID #

Department

Work Telephone Number

For Payroll Use:

ONE-TIME ONLY DEDUCTION

Deduction Code	Amount
CMH	