



PAYMENT SCHEDULE WHILE ON LEAVE

Team Member: _____ Today's Date: _____

Club Name: _____ General Manager: _____

Reason for deduction: _____

The team member listed above is expected to be on leave from _____ to _____. The team member will miss the following pay periods during this time: _____.

During this leave, the team member agrees to make *timely* benefit premium payments directly to the club, based on the standard pay period deduction amounts.

Standard pay period deduction amounts:

Medical: \$ _____ Dental: \$ _____ Vision: \$ _____

Voluntary Products: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total amount due per pay period: \$ _____

Failure to make timely payments (per pay period) may result in termination of benefits. Two or more missed payments will be considered delinquent. Additionally, If the team member fails to return from leave, they may be liable for repayment of any employer-paid portion of benefits during the leave period. If on FMLA leave, please refer to the applicable FMLA documentation for further details.

Upon a team member's return to work, any outstanding balance will be deducted from the team member's first payroll check; if permitted by, and subject to the limitations of the state and federal law.

Additional information: _____

Club GM/DH, please make sure to forward a copy of this agreement to HR@BobbyJonesLinks.com and include copies of all payments received.