



THE STATE OF FLORIDA
JUSTICE ADMINISTRATIVE COMMISSION

Post Office Box 1654 (32302)
227 North Bronough Street, Suite 2100
Tallahassee, Florida 32301



Alton L. "Rip" Colvin, Jr.
Executive Director

(850) 488-2415
FAX (850) 488-8944

www.justiceadmin.org

COMMISSIONERS

Brad King, Chair
State Attorney
Diamond R. Litty
Public Defender
Jerry Hill
State Attorney
Nancy Daniels
Public Defender

MEMORANDUM 010-15HR

TO: Agency Administrators

FROM: Carolyn Horwich, J.D., Director of Human Resources

THROUGH: Rip Colvin, Executive Director

SUBJECT: FAMU Season Tickets

DATE: March 12, 2015

Attached is a Payroll Deduction Authorization Form for employees who wish to purchase season tickets. To be eligible for payroll deduction, the Athletic Ticket Office is requesting a copy of each employee's completed payroll deduction form prior to receiving payment. Therefore, these forms should be returned to JAC Human Resources by the close of business Wednesday, April 15, 2015.

Since FAMU must receive the total price of the tickets by August 31, 2015, payroll deductions for tickets will be authorized for four (4) equal deductions beginning with the warrant pay date of April 30, 2015, and ending on the warrant pay date of July 31, 2015.

If you have questions about tickets, please contact the FAMU ticket office at (850) 599-3141. If you have any questions about the form, please contact Emily Reker at (850) 413-0008 or at posttaxbenefits@justiceadmin.org.

All forms should be returned to posttaxbenefits@justiceadmin.org or via fax (850) 413-0009.

Thank you.

Justice Administrative Commission



FLORIDA A&M TICKET DEDUCTION FORM

State of Florida employees who wish to purchase their FAMU Football season tickets through the Rattler's payroll deduction plan should complete the following information below. Please note that payroll deduction is for season tickets only. Submit the original copy of this form to your personnel office and return a copy to:

Athletic Ticket Office, Florida A&M University, 1835 Wahnish Way, Tallahassee, FL 32307-6100
 The Florida A&M Ticket Office must receive all payment by **August 31, 2015**

***If you have questions about the tickets, please contact the FAMU ticket office at (850) 599-3141. If you have questions about payroll deduction, please contact Emily Reker at (850) 413-0008.*

PLEASE CHECK BELOW:

Through the Payroll Deduction Plan, I authorize **four equal payments** of \$ _____ per monthly pay period with all payments being received by **August 31, 2015**. (Tickets will not be available for pick-up until final payment has been received.)

FOOTBALL/BASKETBALL SEASON COMBO PACKAGE AVAILABLE				
Package	Includes	Price	Qty. Ordered	Total
General Admission Club	General Admission seats to all 2015 Home Football & Access to North End zone Club	\$220.00		
West Side Reserved Combo	Reserved seats to all 2015 Home Football & Access to North End zone Club	\$285.00		
Box Club	Box Seats to all 2015 Home Football Games and Access to North End zone Club	\$320.00		
FOOTBALL SEASON PACKAGE				
Box Seats	Reserved Box Seat to each home game	\$120.00		
West Side Reserved	One reserved seat to each home game	\$ 85.00		
Reserved Family Pack	(4) General Admission or West Side reserved seats in Sections C and G only!!!	\$160.00		
General Admission	General Admission seating to each home game *East side – Sections K-O and R-T*	\$ 75.00		
ADDITIONAL INFORMATION				
Basketball Season Tickets	Reserved seat to all 2015-16 Men & Women Home Basketball Games	\$ 50.00		
Seat Cushion	Cushion attached to your reserved seat	\$ 35.00		
TICKET MASTER PROCESSING FEE				
Ticket Master Processing Fee	Ticket Master Processing Fee	\$ 12.00	Grand Total	\$

(Please circle one) MR. MRS. MS.

Name: _____ Employee I.D.# or SSN: _____
 Address: _____ Day time Phone Number _____
 City/State: _____ ZIP: _____
 Agency: _____ Signature: _____



2015 STATE EMPLOYEE
PAYROLL DEDUCTION FORM
DEDUCTION CODE 595

NAME: _____ People First ID#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF AGENCY: _____

HOME PHONE: _____ BUSINESS PHONE: _____

I wish to Pledge \$ _____ to the Rattler Boosters.

****Payroll deduction can be authorized can be **four (4) equal payments** must be completed by **July 31, 2015.****

Monthly Deduction

Start Date: _____ End Date: _____

Deduction for Rattler Boosters \$ _____ X _____ pay periods.

SIGNATURE: _____

Date: _____

Booster Club Memberships

Please select your membership level

- | | | |
|-----|-----------------------|---------|
| ___ | Venom Club | \$ 250 |
| ___ | Diamondback | \$ 500 |
| ___ | Fang Club | \$1,000 |
| ___ | Corporate | \$1,500 |
| ___ | Strike Club | \$2,500 |
| ___ | Super Booster | \$5,000 |
| ___ | Super Rattler Booster | \$7,500 |