



SOBOBA TRIBAL GAMING COMMISSION
PO Box 610 * San Jacinto, CA 92581 *Phone (951) 665-1000 * Fax (951) 487-0042

**GAMING LICENSE/BADGE REPLACEMENT
PAYROLL DEDUCTION FORM**

I _____ authorize Soboba Casino to deduct via payroll deduction, the amount of \$25.00 for the replacement of my gaming license badge.

I understand this amount will be taken out of one (1) Payroll Check. I also understand that if for any reason Soboba Casino no longer employs me, the amount will be taken out of my final check.

The purpose of this deduction is for the replacement of my Gaming License/Badge, which has been lost or deemed in unsatisfactory condition by the Soboba Tribal Gaming Commission per policy.

Employee signature: _____

Print Name: _____ Date: _____

Gaming License #: _____ Employee #: _____

Soboba Tribal Gaming Commission Employee Signature: _____

Payroll Deduction Entered By: _____

