



SOBOBA TRIBAL GAMING COMMISSION

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

PRIMARY MANAGEMENT OFFICIAL NEW HIRE PAYROLL DEDUCTION FORM

I _____ authorize Soboba Casino to deduct my gaming license fee in the amount of \$500.00 from my payroll check via payroll deduction with the following deduction option:

- One (1) lump-sum deduction of \$500.00
- Four (4) deductions of \$125.00 per pay period

I understand that, if for any reason, Soboba Casino no longer employs me, the amount due will be taken out of my final check.

Employee signature: _____ Date: _____

Gaming Commission: _____ Date: _____

Payroll Deduction Entered By: _____ Date: _____

