



SOBOBA TRIBAL GAMING COMMISSION

Licensing Division

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

GAMING LICENSE REPLACEMENT PAYROLL DEDUCTION FORM

I _____ authorize Soboba Casino to deduct via payroll deduction in the amount of \$100.00 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 stolen.

Licensee's signature: _____

Print Name: _____ Date: _____

Gaming License #: _____ Employee #: _____

Licensing Representative Signature: _____

Payroll Deduction Entered By: _____

22777 Soboba Road * San Jacinto, CA 92583

