



**2023 Grateful Heart Celebration Payroll Deduction Form**  
Penn Highlands Connellsville  
Please complete and return to  
Shannon West, Administrative Assistant  
swest@highlandshospital.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**My Total \$** \_\_\_\_\_

**Payroll Deduction: Please deduct \$** \_\_\_\_\_ **per pay for 1-2-3 pays (please circle one)**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Employee Number** \_\_\_\_\_ **Department** \_\_\_\_\_