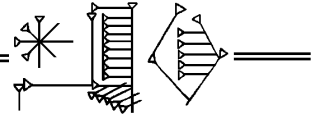


Enki Health & Research Systems, Inc.

(a nonprofit corporation)



AUTHORIZATION TO RELEASE FINAL WAGES

I, _____, authorize my final wages be paid as follows:
Print name

Pay in due course through regular payroll processing on the next scheduled Pay Date.

or

Deposit into a Skylight ONE Card that will be issued to me on my last day worked or within seventy-two (72) hours of my having given notice of resignation, whichever is later. I understand that if I elect this option, I am responsible for activating my Skylight Account and complying with the terms of the Cardholder Agreement.

Employee Signature

Date

Authorization to Release Final Wages Form

When an employee resigns, he/she should be given this form to complete. This form instructs Accounting how to pay the employee's final wages.

Name – Print Name.

Check the appropriate box:

Paid with through regular payroll processing on the next scheduled Pay Date.

Or

Available on my last day worked - Deposit into a Skylight ONE Card that will be issued on employee's last day worked or within seventy-two (72) hours of employee having given notice of resignation, whichever is later.

Signature/Date – employee must sign, print, and date this form.

A copy of the completed form is given to the employee and the original must be sent to the Corporate HR Department no later than the next business day.

Accounting will process the employee's final wages pursuant to the instructions on this form.