



Deduction Authorization

Employer Information

Client Name: _____

Client Number: _____

Employee Information

Employee Name: _____

Social Security Number: _____

Type of Misc Deduction

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Wage Advance | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Meal | <input type="checkbox"/> Uniform |
| <input type="checkbox"/> Name Tag | <input type="checkbox"/> Shortage |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Other |

If other specify: _____

Misc Deduction Information

Start Date: _____

Amount of Deduction: \$ _____

Total Amount Due: \$ _____

Frequency: Weekly Bi-weekly

Semi-monthly Monthly

Notes (if applicable): _____

*Remember employee's wage can not go below minimum wage for deductions and tips are not considered paid wages

Insurance Deductions - Employee (EE) and Employer (ER) MONTHLY

Health	PT <input type="checkbox"/>	AT <input type="checkbox"/>	EE	\$ _____	ER	\$ _____
Dental	PT <input type="checkbox"/>	AT <input type="checkbox"/>	EE	\$ _____	ER	\$ _____
Vision	PT <input type="checkbox"/>	AT <input type="checkbox"/>	EE	\$ _____	ER	\$ _____
Life	PT <input type="checkbox"/>	AT <input type="checkbox"/>	EE	\$ _____	ER	\$ _____
Supplemental	PT <input type="checkbox"/>	AT <input type="checkbox"/>	EE	\$ _____	ER	\$ _____
Other (specify below)	PT <input type="checkbox"/>	AT <input type="checkbox"/>	EE	\$ _____	ER	\$ _____

**** PT = PRE-TAX DEDUCTION**

AT = AFTER-TAX DEDEDUTION

Employee Deduction Authorization

I hereby authorize _____ to deduct the above amount from my net pay each pay period until my obligation has been fulfilled. Upon conclusion of my employment, I authorize my employer to deduct any unpaid balance I may owe from my final paycheck. I understand that if the amount of my paycheck is not sufficient to cover the balance owed I will be liable for repayment of the remaining balance immediately.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____