



EMPLOYEE PERSONAL DEDUCTION AUTHORIZATION FORM

CLIENT COMPANY: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

Reason for Deduction	Total	Deduction per	Amount Pay Period
Uniform(s): _____	_____	_____	The amount will be deducted from my paycheck for _____ pay periods.
Tool(s): _____	_____	_____	The amount will be deducted from my paycheck for _____ pay periods.
Loan: _____	_____	_____	The amount will be deducted from my paycheck for _____ pay periods.
Other(s): _____	_____	_____	The amount will be deducted from my paycheck for _____ pay periods.
Other(s): _____	_____	_____	The amount will be deducted from my paycheck for _____ pay periods.

I understand that if my employment is terminated for any reason before the total amount is completely repaid, the balance outstanding will be due prior to receipt of my final paycheck. I also understand failure to return company property, the replacement cost of the item(s) will be deducted from my final paycheck.

(Print Name)

(Date)

(Employee Signature)

(Manager Signature)