



DEDUCTION AUTHORIZATION

EMPLOYER INFORMATION

Client Number:
Client Name:

EMPLOYEE INFORMATION

Employee Name:
Social Security Number:

TYPE OF DEDUCTION

<input type="radio"/> Insurance	<input type="radio"/> Tools
<input type="radio"/> Meal	<input type="radio"/> Uniforms
<input type="radio"/> Wage Advance	<input type="radio"/> Shortage
<input type="radio"/> Phone	<input type="radio"/> Other _____

DEDUCTION INFORMATION

Start Date: _____
Amount of Deduction: \$ _____
or % _____
Total Amount Due: \$ _____
Frequency: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly
<input type="radio"/> Semi-Monthly <input type="radio"/> Monthly
Notes (if applicable): _____

EMPLOYEE DEDUCTION AUTHORIZATION

I hereby authorize Worksite Employee Leasing 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 that I may owe from my final pay check. I understand that if the amount of my pay check is not sufficient to cover the balance owed that I will be liable for repayment of the remaining balance immediately.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

WELCO USE ONLY

Received By:	Processed By:
Date:	Date: