



**EMPLOYER INFORMATION**

Client Number:
Client Name:

**EMPLOYEE INFORMATION**

Employee Name:
Employee ID 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**

Starting Check 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: \_\_\_\_\_

**WORKSITE USE ONLY**

Received By:	Processed By:
Date:	Date: