



DEDUCTION AUTHORIZATION

EMPLOYER INFORMATION

Client Name:
Client Number:

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, LLC 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: _____