



## Payroll Deduction Authorization Agreement

**Worksite Client:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

I hereby authorize Partners Human Resource Co. to make deductions from any compensation or monies that may be due to me, up to and including the total amount for any of the following reasons:

- Uniform usage fee if required by worksite client.
- Reasonable replacement costs of keys, training manuals, tools, supplies, etc. supplied to me by the worksite client and which are not returned upon request.
- Stop payment fees for lost checks.
- Pay advances received by me.
- Value of vacation taken but not yet earned.
- Sick leave taken, but not yet due or earned.
- Damages to company property for which I am responsible.

I have read this agreement and fully understand its contents and agree to its terms.

Employee Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Bottom section to be completed only if and when a deduction is necessary

**Payroll Deduction:**

Total Deduction Amount: \$ \_\_\_\_\_ Check Date: \_\_\_\_\_

Reasons/Breakdown for deductions: \_\_\_\_\_

\_\_\_\_\_

Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_