

## Employee Authorization for Voluntary Payroll Deductions

Project Name:	Contract Number:
Prime Contractor's Name:	Subcontractor's Name:

Check All Authorized Deductions	Voluntary Payroll Deductions
<input type="checkbox"/>	Medical, Dental, Vision, or Hospital Care
<input type="checkbox"/>	Life, Accident or Disability Insurance
<input type="checkbox"/>	Retirement or Pension Plan, or 401(k) Contribution
<input type="checkbox"/>	Draw or Wage Advance, or Tools Reimbursement
<input type="checkbox"/>	Tuition or Educational Reimbursement
<input type="checkbox"/>	Employee Savings or Checking Account with a Financial Institution
Check All Authorized Deductions	List additional Voluntary Payroll Deductions below on blank lines.
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

By signing below, I voluntarily authorize my employer to make deductions from my wages for the items checked above, and affirm that the deductions are for my convenience and interest, and that my authorization is not a condition of my employment or continuation of my employment. Furthermore, I acknowledge that my employer will not profit financially or otherwise, either directly or indirectly, from the deductions.

Print Employee's Name:	Employee's Signature:	Date:
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**Employer Notes:**

- 1) Deductions must be itemized on payroll reports;
- 2) Voluntary deductions must be authorized in writing by the employee;
- 3) Authorizations must be submitted prior to or with the first payroll report.