



EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: _____

SSN: _____

Deduction Effective Date: _____

- Replacement Name Tag \$ 3.00**

- Replacement Uniform Shirt**
 - XS – XL \$ 15.00**
 - XXL \$ 17.00**
 - 3XL \$ 18.00**

I agree to a one-time reduction of my gross pay in the amount of the deduction as indicated above to replace my name tag or uniform shirt.

Employee Signature:

Date: _____

Signature of Witnessing Manager:

Date: _____