



## 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:** \_\_\_\_\_

- **Once completed email this document to Human Resources and CC Operations**
- **Send signed copy with week ending audit packet.**