

# Accident Payroll Deduction Agreement

The Payroll Deduction Form is to help recuperate lost income on the Companies part due to accidents and damage to company owned property. In signing this form, you agree by the terms and conditions of the policy.

I, \_\_\_\_\_, understand that if I have an at fault accident my pay will be deducted as follows until 50% of the accident is paid in full. I understand that this deduction will not bring my pay below the federal minimum wage guidelines. I also understand that if I separate from the company on the company's part or my own that this amount can be deducted out of my final paycheck.

- Any accident \$1,000.00 and under will reduce my hourly wage by \$1.00/hr.
- Any accident \$1,000.00 to \$5,000.00 will reduce my wage by \$2.00/hr.
- Any accident over \$5,000.00 will result in the company terminating my employment with S and M Cranes, L.L.C. D.B.A. SMCLR (A Crane Co.).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

# WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, S and M Cranes, L.L.C. D.B.A. SMCLR (A Crane Co.), may deduct money from my pay from time to time for reasons that fall into the following categories:

- (1) My share of premiums for the Company's group medical/dental plan:
- (2) Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company.
- (3) Installment payments on loans or wage advances given to me by the Company.
- (4) Installment payments on loans based upon store credit that I use for my own personal purchases, including the value of merchandise or services that I purchase or have purchased for personal, non-business reasons using my employee charge account or credit card, an account or credit card assigned to another employee, or a general company account or credit card, regardless of whether such purchase was authorized, and if there is a balance remaining when I leave the Company, the balance of such store credit or charges.
- (5) If I receive a overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing in a series of smaller deductions in specified amounts);
- (6) The cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, or personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to Internet or other computer networks by me using Company equipment or Company accounts.
- (7) The cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment.
- (8) The cost of Company uniforms and cleaning the uniforms.
- (9) Administrative fees in connection with court-ordered garnishment or legally required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws.
- (10) If I take paid vacation or sick leave in advance of the date I would be normally entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.

- (11) The value of any time off for absences to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and
- (12) If my employer pays an insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such benefit plan, the amount of such payments made by the Company, such payments being and advance of future wages payable to me.
- (13) Cost of training and certifications if employee is terminated or has left their job position w/ S and M Cranes, L.L.C. D.B.A. SMCLR (A Crane Co.) before the 3-year employment period.

I agree that the company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies.

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Employee's Name

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Date

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Company Representative

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Date

\*Revised TUE NOV 22, 2022

# DISPATCH POLICY

When on rotation:

- You have 15 minutes to respond via text or phone call to acknowledge dispatch.
- You have 1 hour upon dispatch to get to the yard.
- It is the Operators responsibility to determine drivetime to location to get there on time.
- Tardiness is not acceptable.

By signing below, I \_\_\_\_\_ acknowledge, understand and except the terms of being dispatched to a job. I understand if these terms are not met, disciplinary action will be taken and could be grounds for termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Operations Signature

\_\_\_\_\_  
Print Name

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Date