

## Authorization for Voluntary Payroll Deduction

Employee Name:		Last 4 SS	Last 4 SSN:		
Location:					
Location.					
One-Time Only D	<u>educti</u>	<u>ons</u>			
Type of Deduction		Amount			Start Date
Uniform					
Damaged Property					
Tools					
Other					
Description of Oth	ner:				
<b>Ongoing Deducti</b>	one				
Origonia Deducti	0113				
Type of Deduction		Amount	Total		Start Date
Uniform					
Tools					
Damaged Property					
Other					
Description:					
I hereby authorize SSS	Down to	Earth Opco LL	C to deduct amo	unts indi	cated above from my
weekly paycheck of an		•			
company is terminated	for any r	eason, I authoriz	ze the total rema	ining bal	ance due be deducted
from my final paycheck(s) in accordance with Federal and State laws.					
Employee Signature:		Date:			
Notes:					