



PAYROLL DEDUCTION REQUEST

Date: ___/___/_____

Employee: _____ Social Security _____

Client Company _____ Effective Date: ___/___/_____

Payroll Frequency (check appropriate pay period) _Weekly _Bi-Weekly _Semi-Monthly _Monthly

<u>Description of Deduction</u>	<u>Deduction Amount per Pay Period</u>	<u>Total Amount Due</u>
1. Uniforms	\$ _____	\$ _____
2. Tools	\$ _____	\$ _____
3. Merchandise	\$ _____	\$ _____
4. Loan	\$ _____	\$ _____
5. Pay Advance	\$ _____	\$ _____
6. Automobile	\$ _____	\$ _____
7. Credit Union	\$ _____	\$ _____
8. Insurance – Not SAI	\$ _____	\$ _____
9. 401(k) – Not SAI	\$ _____	\$ _____
10. Miscellaneous	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I hereby authorize Staffing Alternative, Inc. (SAI) or Staffing & Payroll Alternatives Inc. (SPA) to make the above described deduction(s) from my wages each pay period. The above deduction(s) from my wages and/or other compensation shall commence on the next pay date following the effective date of this authorization and continue each pay period until the entire amount of the underlying obligation for which the deduction is being made shall have been paid in full, or the benefit or service for which the deduction is made is terminated. I understand that any change to the deductions authorized above must be made in writing and delivered to the Client Company Payroll Contact who will in turn deliver to SAI or SPA at least three (3) days prior to the effective date of the change. I further agree that if my employment is terminated the entire remaining balance of the amount due according to the terms of the agreements for which the above described deductions(s) (not including 7, 8, or 9) are authorized may be deducted from my final wages limited to my receiving minimum wage and if my final wages are insufficient to pay the entire balance, any remaining amount shall be due and payable to the Client Company within thirty (30) days thereafter. However, any outstanding balance of a loan pay advance can take my final wages below minimum wage.

I HAVE READ THIS PAYROLL DEDUCTION AUTHORIZATION COMPLETELY AND UNDERSTAND IT FULLY.

Employee Signature: _____ Date ___/___/_____

Witness Signature: _____ Date ___/___/_____



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INSTRUCTIONS

1. **General** - Several state laws require that a deduction from an employee's wages/compensation be authorized in writing by the employee unless the deduction is otherwise authorized or required by law (e.g., income tax withholding, FICA, etc.) or made pursuant to a court order (e.g., child support garnishment). This form is intended to satisfy the written authorization requirement of these laws. This form may also be used in other states to document that an employee is aware of and consents to a deduction in his/her wages/compensation. A copy of the agreement upon which the deduction authorization is based should be attached to this form whenever possible.
2. **Preparation** – The form should be completed to indicate the amount of a periodic deduction from the employee's wages or other compensation. The most common categories of deductions are indicated on the face of the form; however, a few blank lines have been added to accommodate other categories of deductions. This form should be used if the deduction pertains to a credit union, insurance plan, or 401(k) plan which is not sponsored or administered by SAI to evidence authority for SAI to make the appropriate deduction.
3. **SAI / SPA Benefit Plans, Programs, etc.** – If the deduction is for a SAI or SPA sponsored or administered plan, service or program (e.g., SAI/SPA Benefit Plan or SAI/SPA's 401(k) plan) it is not necessary to complete this form since the employee's enrollment in those plans includes express authorization for SAI/SPA to make a deduction from the employee's wages.
4. **Form Retention** – The form should be retained in the payroll records of the employee for a minimum of twenty-four months following the termination of the deduction(s) described on this form by the payroll contact at the client location to which the employee is assigned.
5. **Review & Audit** – This form will be part of SAI/SPA's records which are subject to review and audit by SAI/SPA's Internal Audit Department as well as SAI/SPA's external auditors and must be available to them on demand, to verify proper authorization for deductions from an employee's wages/compensation.
6. **Form Not a Substitute** – This form is not a substitute for, and is not intended to be used in lieu of any underlying agreement upon which the authorized deduction is based. A separate document should be used to define the terms of any loan, uniform rental, tool purchase, or other agreement for which the payroll deduction is being made.