



Name: _____ Employee Number: _____

Wage Acknowledgement

I acknowledge and agree to the rate of pay:

\$ _____ Hourly

\$ _____ Salary

To be paid Bi-weekly on alternate Fridays.

Employee Signature

Date

Deduction Authorization Agreement

I understand and agree that the Employer may deduct funds (post tax) from my pay for reasons that fall into the following categories:

1. My share of the premiums for the Employer's group medical, dental and supplemental benefit plans;
2. Any contribution I may make into a retirement plan sponsored, controlled or managed by the Employer;
3. Any overpayment of wages to me for any reason. Repayment to the Employer of the entire amount of such overpayment will be made in one deduction, unless the Employer agrees in writing to a series of smaller deductions in specified amounts.
4. Installment payments on loans given to me or payments made on my behalf by the Employer. If there is a balance remaining when I leave the company, the balance of such amounts shall be withheld from any funds owed to me by the Employer.
5. Insurance premiums made by the Employer on my behalf during times when I am not receiving pay, such as absence from work for FMLA, Worker's Compensation or an approved Leave of Absence. Once my pay resumes, repayment to the Employer of the entire amount of such premiums will be made in one deduction, unless the Employer agrees in writing to a series of smaller deductions in specified amounts
6. Repayment of funds due to a Continued Service Agreement in which I have agreed not to voluntarily terminate my employment for a prescribed amount of time because of funds the Employer have expended for training.

Employee Signature

Date