

PAYROLL DEDUCTION AUTHORIZATION

Developer Owner or Subrecipient: _____ Contract No: _____

Contractor Name: _____

EMPLOYEE'S CERTIFICATION:I, _____ hereby authorize _____
(employee name) (contractor name)

to deduct \$ _____ from my paycheck.

This deduction pays for: **(Mark all appropriate types)**

- | | | | |
|-----------------------------------------------|---------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Loan Repayment | <input type="checkbox"/> Retirement | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Advance |
| <input type="checkbox"/> Uniforms | <input type="checkbox"/> 401K | <input type="checkbox"/> Tools | <input type="checkbox"/> Materials |
| <input type="checkbox"/> Charitable Donations | <input type="checkbox"/> Insurance Premiums | <input type="checkbox"/> Savings Bonds | <input type="checkbox"/> Union Dues |
| <input type="checkbox"/> Other: _____ | | | |

When does this deduction happen? **(Mark all appropriate times)**

- | | | | |
|----------------------------------------|---------------------------------|----------------------------------|-------------------------|
| <input type="checkbox"/> One time only | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | ___ times for ___ weeks |
| <input type="checkbox"/> Other: _____ | | | |

Employee's Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone Number: (____) _____

Employee's Signature: _____ Date: _____

OWNER'S CERTIFICATION:I, _____ hereby certify that the voluntary deductions above
(Project Owner/ Contractor)

will not reduce the hourly rate paid to this employee below the federal minimum hourly rate of \$7.25.

<https://www.dol.gov/agencies/whd/minimum-wage>

Employer's Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone Number: (____) _____

Employer's Signature: _____ Date: _____