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| newlogo_200x72FORM LS-15  Authorization for Deductions | |
| **Recipient:** | **Contract No:** |
| **Activity Name:** |  |

The undersigned authorizes deductions from his/her wages, as noted. It is understood that:

the deduction(s) are in the interest/convenience of the employee,

the deduction(s) are not a condition of employment,

there is no direct or indirect financial benefit accruing to the employer,

it is not otherwise forbidden by law; and

if the deduction(s) are for fringe benefits, information regarding the fringe benefit plan has been provided to me in writing

1. a **EMPLOYEE NAME** b. **DATE(s)** c. **AMOUNT** d. **PURPOSE**

**(may cover all work**

**performed for contract)**

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Printed Name

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Signature

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| 2. Name of Contractor/Sub: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Representative Date    Typed Name: Phone Number |