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| newlogo_200x72FORM LS-15Authorization 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 |