

Payroll Deduction Authorization

(for Manpower Associates)



I, _____ (please print name), do hereby authorize Manpower, Inc. of SE Michigan to deduct from my payroll check(s) the cost of the following:

Description	Cost
<input type="checkbox"/> Footwear	\$ _____
<input type="checkbox"/> ID Badge	\$ _____
<input type="checkbox"/> Key Fob	\$ _____
<input type="checkbox"/> Parking	\$ _____
<input type="checkbox"/> Safety Glasses	\$ _____
<input type="checkbox"/> Safety Vest	\$ _____
<input type="checkbox"/> Training	\$ _____
<input type="checkbox"/> Transportation	\$ _____
<input checked="" type="checkbox"/> Other EAR BAND	\$ 4.75

Total amount to be deducted: \$ **4.75** I understand and agree that this amount will be deducted in:

☒ One lump sum ☐ Equal payments of \$ _____ for up to _____ weeks

I further understand and agree that in the event of my voluntary quit or assignment/employment termination with cause, the total remaining amount will be deducted from my last payroll check as these fees are my responsibility and that failure to repay the total amount as stated above will result in my immediate employment termination.

Associate Signature: _____ Date: _____

Last four (4) digits of SSN#: _____

Witness Name (please print): _____

Witness Signature: _____ Date: _____