

Apparel Deduction Agreement

Employee Name: _____

Last 4 of SSN: _____ Department: _____

TOTAL COST TO BE DEDUCTED:

I understand and agree that my above order is a voluntary purchase. I consent that the total cost of the above items that I order will be deducted as permitted by federal and/or state regulation out of my March 29, 2020 paycheck to cover the costs of the item(s) I receive. If I terminate my position prior to the apparel purchase being paid in full, I authorize the company to deduct the unpaid balance from my final paycheck.

Employee Signature: _____ Date: _____

Sign and submit form to Tracy Martin in Marketing.