



Prosperity PEO, LLC

Building Partnerships...Driving Success

Deduction Authorization

Employer Information

Client Name: _____

Client Number: _____

Employee Information

Employee Name: _____

Social Security Number: _____

Type of Misc Deduction

Misc Deduction Information

| | |
|--------------|----------|
| Wage Advance | Tools |
| Meal | Uniform |
| Name Tag | Shortage |
| Phone | Other |

Start Date: _____

Amount of Deduction: \$ _____

Total Amount Due: \$ _____

Frequency: Weekly Bi-weekly
 Semi-monthly Monthly

If other specify: _____

Notes (if applicable): _____

*Remember employee's wage can not go below minimum wage for deductions and tips are not considered paid wages

Insurance Deductions - Employee (EE) and Employer (ER) MONTHLY

| | | | | | | |
|-----------------------|----|----|----|---------|----|---------|
| Health | PT | AT | EE | \$_____ | ER | \$_____ |
| Dental | PT | AT | EE | \$_____ | ER | \$_____ |
| Vision | PT | AT | EE | \$_____ | ER | \$_____ |
| Life | PT | AT | EE | \$_____ | ER | \$_____ |
| Supplemental | PT | AT | EE | \$_____ | ER | \$_____ |
| Other (specify below) | PT | AT | EE | \$_____ | ER | \$_____ |

**** PT = PRE-TAX DEDUCTION**

AT = AFTER-TAX DEDECUTION

Employee Deduction Authorization

I hereby authorize _____ to deduct the above amount from my net pay each pay period until my obligation has been fulfilled. Upon conclusion of my employment, I authorize my employer to deduct any unpaid balance I may owe from my final paycheck.

I understand that if the amount of my paycheck is not sufficient to cover the balance owed I will be liable for repayment of the remaining balance immediately.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____