

Client ID: _____
Unit #: _____

**Payroll Deduction Form**

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Deduction Amount: \$ \_\_\_\_\_

Deduct entire amount from the next paycheck

Scheduled deduction on every paycheck

Type of Deduction/ Reason For: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_