

WAGE DEDUCTION AUTHORIZATION

I, _____, authorize the Company to
(Print Name)
withhold from my wages any expenses incurred by me in connection
with my employment with the Company. Expenses include, without
limitation, personal expenses, dental assistant certification expenses,
etc.

Employee Signature

Date

Location/Center

Once you've completed this form, please keep a copy for your
personal records and send original to the HR Department.