

Uniform Order & Payroll Deduction Authorization Form

Name (please print) _____ Phone/Ext # _____

Department _____ New Hire Start Date: _____ Logo: Full Hospital Rehab Only

Title on Apparel: Psychology Social Work Driver Rehabilitation Motion Analysis Center Other _____

Qty	Product#	Color	Size	Description	Cost per item	Total
Paid via cash/check: _____					Sub Total	
Check# _____					Minus Stipend	
Date: _____					Grand Total	

I, an employe of Mary Free Bed Rehabilitation Hospital, hereby authorize Mary Free Bed to deduct \$ _____ per pay period, for a total of \$ _____, from my paycheck for _____ pay periods (**maximum of 3**). Deduction begins with the first pay period following the receipt of the purchases.

I also further authorize Mary Free Bed, upon termination of employment for any reason, to withhold payment of any expense reimbursement, up to the amount of any unpaid principal under this note.

I acknowledge and declare:

- This authorization is given knowingly, voluntarily and without intimidation or threat of lost of employment, and the deductions made hereunder are for my benefit.
- Neither the authorization, nor any loan made in connection with this authorization, confers any right to continuing employment or any other employment rights.
- In the event that the total amount is not deducted or that my final check does not cover the full amount owed, I understand that I am responsible for the remaining balance.
- The giving of this authorization does not limit or restrict Mary Free Bed's rights to obtain repayment in part or in full through other means.

Employee Signature: _____ Date: _____

Employee Address: _____

FOR PAYROLL USE ONLY

Date entered in Affinity: _____ Total per pay period: \$ _____

First Pay Check W/H: _____ Last Pay Check W/H: _____

Inactivated on: _____ HR Employee: _____