



StaffScapes

Human Resource Solution Center

Authorization for Payroll Deduction

Employee Name: _____ Last 4 of SSN: XXX-XX-_____

Client Name: _____

I authorize StaffScapes Inc. to deduct an amount not to exceed \$ _____ from my paycheck for the following reason:

- | | ADVANCE
- | | TOOLS
- | | UNIFORMS
- | | OTHER: _____
- | | INSURANCE: _____

FOR ANY ONGOING DEDUCTIONS, PLEASE COMPLETE THE FOLLOWING:		
Deduction Type	Amount Deducted Each Paycheck	Maximum to Withhold
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Employee Signature: _____

Date: _____

Client Signature: _____