

Voluntary Deduction Authorization

Employer _____ Project Name _____

Employee Name _____

I have chosen to enroll in the payroll deduction programs made available on a voluntary basis. I hereby authorize my employer, listed above, to withhold from my compensation for the programs checked below for the corresponding, one time only deduction program or continuous deduction program. The consent to participate in these programs is not a condition either for the obtaining of or for the continuation of employment.

One Time Continuous

- Reconciliation of a wage advance – 29 CFR 3.5 § b
- Health Insurance plan – 29 CFR 3.5 § d
- Retirement Plan (IRA, 401K, or other pension plan) – 29 CFR 3.5 § d
- Liability Insurance – 29 CFR 3.5 § d
- Disability Insurance – 29 CFR 3.5 § d
- Vacation Plan (funded program) – 29 CFR 3.5 § d
- Loan Repayment to Credit Unions– 29 CFR 3.5 § f
- Union Dues – 29 CFR 3.5 § i
- Tool withholding, which is a direct benefit to me – 29 CFR 3.5 § j & k
- Other:
- Other:

Signature

Date