



9826 Giles Road, Ste. A ■ LaVista, NE 68128 ■ 402-592-8334 ■ 402-592-8368

EMPLOYEE DEDUCTION FORM

Date: _____

Employee Name: _____

Company Name: _____

*I, hereby authorize **Profit Advantage** to withhold the amount stated below from my paychecks for the reason indicated. If I have an outstanding balance when I terminate my employment, I authorize the full remaining balance to be deducted from my final paycheck. If my final paycheck cannot cover the remaining balance, I promise that within 7 days I will repay the balance in full.*

For What Reason: _____
(equipment/tool purchase, loan, training, etc.)

Total Amount of Deduction: _____

Deduction Amount per Pay Period: _____

Employee Signature

Witness