



Miscellaneous Payroll Deduction Form

Employee's Name:		Assignment #: (not SSN)	
Employee's Department Name:			

I understand and agree that specified amount will be deducted from my paycheck to cover the cost of my replacement item.

No.	Item	Cost
	ID Badge	
	ID/Door Access Badge	
	Pager	
	Cell Phone	
	Other	

Employee Signature : _____

Date: _____

Department Requesting Deduction:

Date: _____

Comments: