



T-Shirt Deduction Form

*** PRN, Temp and Contract Employees are Not Eligible for Payroll Deduction

PAYROLL DEDUCTION FORM

NAME: _____

SS #: _____

DEPT: _____

SIZE(S): _____

Total Purchase: \$ _____

Less: Amount paid at time of purchase: (_____)

Amount to be payroll deducted: \$ _____ *Maximum purchase that may be payroll deducted is \$100.00.*

Payroll deductions will be made over a maximum of two pay periods with a \$25 minimum deduction per period. If amount to be deducted is less than \$25.00, then the entire amount will be withheld in one pay period.

Employee Signature: _____

Your signature represents your agreement to have the above amount deducted from your regular pay over the indicated time frame. If for any reason you leave St. Bernard's employment before the deductions have been completed, any balance will be deducted from your final paycheck.

Deductions will begin with the first pay period following receipt of this form by the Payroll Office.

Payroll Entry by: _____

White copy - Payroll; Yellow copy - Employee