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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*