



WAGE DEDUCTION AUTHORIZATION FORM

I understand and agree that my employer, the Higher Education Consortium of Metropolitan St. Louis, may deduct money from my pay from time to time for reasons that fall into the following categories:

- My share of the premiums for the Organization's group health benefit plan;
- Any contributions I may make into a retirement plan sponsored, controlled, or managed by the Organization;
- If I receive an overpayment of wages for any reason, repayment of such overpayments to the Organization;
- The cost of repairing or replacing any Organization supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Organization during my employment.

I agree that the Organization may deduct money from my pay under the above circumstances, or if any of the above situations occur, on a bi-weekly basis as long as the deduction would not cause the amount received after the deduction to fall below the minimum wage level.

Employee Name

Employee Signature

Date

HR Use Only

Business Manager

Date