

Employee Authorization Form for Wage Deduction

This **employee authorization form** sample is designed to obtain written consent from employees for wage deductions. It ensures clear communication and legal compliance regarding payroll adjustments. Utilizing this form helps maintain transparent and accurate records of authorized wage deductions.

Employee Name:

Employee ID/Number:

Department:

Position:

Deduction Reason:

Deduction Amount (\$):

Date(s) of Deduction:

Additional Details (if any):

Note: By signing this form, you authorize your employer to deduct the above amount(s) from your wage(s) as described. This authorization is valid only for the reasons and amount(s) specified, and is in accordance with applicable laws and company policies.

Employee Signature:

Date: _____

Employer/HR Representative:

Date: _____