



employer solutions staffing group_{llc}

Employer Solutions Staffing Group, LLC
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EMPLOYEE DEDUCTION AUTHORIZATION

This form is to authorize an employer to make specified deductions

Employee Information			
Name: _____		Employee ID: _____	
Job Title: _____		Assignment: _____	
I, _____, hereby authorize Employer Solutions Staffing Group, LLC <small>(employee name)</small>			
to deduct \$ _____ from my paycheck. <small>(amount)</small>			
This deduction will occur on a (check one) basis: <input type="checkbox"/> One time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____			
Deduction	Amount	Deduction	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL DEDUCTIONS PER PAY PERIOD: \$ _____		DATE OF FINAL DEDUCTION: _____ (if applicable)	
Provide any additional details specific to the deductions, such as the purpose, frequency, and any other relevant terms: 			

Attestation:

I hereby certify that the above deductions and amounts are accurate to the best of my knowledge. I understand that these deductions are voluntary and can be revoked at any time by providing written notice to my employer. I further understand that these deductions will not reduce my wages below minimum wage as required by law. This authorization is separate from any prior deductions and is in compliance with all applicable federal and state laws, including California Labor Code §§ 221–224 and Minnesota Statutes § 181.79. I understand and agree that any remaining balance of the authorized

deductions, as outlined above, may be collected from my final paycheck upon termination of my employment, in accordance with applicable state and federal laws. This collection will not reduce my final wages below the minimum wage required by law.

Employee Signature: _____

Date: _____

Employer Acknowledgement:

I, as a representative of Employer Solutions Staffing Group, LLC acknowledge that the deductions outlined above are made in compliance with applicable federal and state laws, including California Labor Code §§ 221–224 and Minnesota Statutes § 181.79, and that these deductions are not for the benefit of the employer. Additionally, I affirm that the deductions will not reduce the employee’s wages below the minimum wage required by law. A signed copy of this authorization form will be provided to the employee.

Employer Representative Signature: _____

Date: _____