

# MACOMB COUNTY

## Human Resources and Labor Relations Department

1 South Main Street, 6<sup>th</sup> Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

### **Authorization for Voluntary Payroll Deduction**

Employee's Name (Last, First, Middle Initial)	Department
Number of Pay Periods 4	Total Payroll Deduction

#### **Authorization:**

I, \_\_\_\_\_ (employee name), hereby authorize the County of Macomb to deduct from my payroll check, the sum of \$\_\_\_\_\_ in order to pay for the cost of Weight Watchers at Work Meetings. The deductions will begin on the payroll period paid 06-22-18 and continue for the four consecutive payroll periods.

I understand and agree that in the event my employment ends for any reason before the final deduction is made, the entire balance will be deducted from my final wages.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Contact Phone Number

\_\_\_\_\_  
Employee ID

#### **To be completed by Human Resources and Labor Relations:**

Payroll Deduction Amount: \_\_\_\_\_

Deduction Entered On: \_\_\_\_\_