



employer solutions staffing group<sub>llc</sub>

Employer Solutions Staffing Group, LLC  
7201 Metro Blvd Suite 900  
Edina, MN 55439  
(952) 835-1288

## EMPLOYEE DEDUCTION AUTHORIZATION

*This form is to authorize an employer to make specified deductions*

### Employee Information

Name: _____	Employee ID: _____
Job Title: _____	Assignment: _____

Deduction	Amount	Deduction	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

<b>TOTAL OF DEDUCTIONS PER PAY PERIOD:</b> \$ _____	<b>DATE OF FINAL DEDUCTION:</b> _____ (if applicable)
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Provide any additional details specific to the deductions, such as the purpose, frequency and any other relevant terms:

I, \_\_\_\_\_, hereby authorize **Employer Solutions Staffing Group, LLC**  
(employee name)

to deduct \$ \_\_\_\_\_ from my paycheck.  
(amount)

This deduction will occur on a (check one) basis:  One time  Weekly  Monthly  Other: \_\_\_\_\_

### Authorization:

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. I agree that 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 federal and state laws. This collection will not reduce my final wages below the minimum wage required by law.

<b>Employee Signature:</b> _____	<b>Date:</b> _____
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### 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.

<b>Employer Representative Signature:</b> _____ <b>Print Name:</b> _____	<b>Date:</b> _____
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