



WAGE DEDUCTION AUTHORIZATION AGREEMENT

I, \_\_\_\_\_, understand and agree that my employer, The Varnett Public School, may deduct money from my pay from time to time for reasons that fall into the following categories:

- 1. My share of the premiums for Varnett's group medical/dental plans;
2. Any contributions I may make into in a retirement or pension plan sponsored, controlled or managed by The Varnett Public School;
3. Installment payments on loans or wage advances given to me by The Varnett Public School, and if there is a balance remaining when I leave The Varnett Public School, the balance of such loans or advances;
4. If I receive an overpayment of wages for any reason, repayment of such overpayments to The Varnett Public School;
5. The cost to The Varnett Public School of personal long distance calls I may make on The Varnett Public School phones or The Varnett Public School accounts, of personal faxes sent by me using The Varnett Public School equipment or The Varnett Public School accounts, or of none work-related access to the Internet or other computer networks by me using The Varnett Public School equipment or The Varnett Public School accounts;
6. The cost of repairing or replacing any Varnett Public School 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 Varnett Public School during my employment;
7. The cost of The Varnett Public School uniforms and of cleaning the uniforms;
8. The reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnish to me by The Varnett Public School in connection with my employment;
9. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it, and I separate from The Varnett Public School before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered; and
10. In the event Employee wishes to resign from Employee's position, Employee will provide at least fourteen (14) work days' written notice to the Superintendent of The Varnett Public School, personally delivered by Employee to the Superintendent. Certified mail or delivery by someone other than the Employee is not acceptable.
11. Authorized payments required by legal and/or court documents.

I agree that The Varnett Public School may deduct money from my pay under the above circumstances.

Signature

Date

The Varnett Public School Representative

Date