

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th 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 06-21-19 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: _____