(INSERT COMPANY LOGO)

**UNIFORM SECURITY DEPOSIT: PAYROLL DEDUCTION AUTHORIZATION**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Store Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ITEM(S):**

**(Insert company specific uniform items and prices)**

**Please deduct a total of $ \_\_\_\_\_\_\_\_\_\_ from paycheck on (Insert Check Date) for my uniform order.**

I agree that the total amount of the uniform security deposit on this form will be paid via payroll deduction. I understand it is my responsibility to turn in my uniform in good condition. I understand that upon successfully returning my uniform in good condition, I will receive my security deposit on my last paycheck. In the event my uniform is not returned or has to be replaced, I understand the uniform security deposit may not be reimbursed. In the event that I do not return my uniform and I have not paid the total amount of the security deposit, I shall be responsible for making other payment arrangements with the company.

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Employee’s Signature Print Name Date