



## PAYROLL DEDUCTION AUTHORIZATION

I understand and agree that Brescia University College (the College), may deduct the following deductions from my pay from time to time for reasons that fall into the following categories:

1. my share of the premiums for the College's group medical/dental plan;
2. my share of the premiums for the College's group life, disability, accidental death and dismemberment plan.
3. any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the College;
4. installment payments on loans or advances given to me by the College, and if there is a balance remaining when I leave the College, the balance of such loans or advances;
5. if I receive an overpayment of wages for any reason, repayment of such overpayments to the College;
6. the cost to the College of personal long-distance calls I may make on College phones or on College accounts, of personal faxes sent by me using College equipment or College accounts, or of non-work related access to the Internet or other computer networks by me using College equipment or College accounts;
7. the cost of replacing any College supplies, materials, equipment, money, or other property that I fail to return, or take without appropriate authorization from the College during my employment;
8. the reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the College 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 College before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.
10. Other deductions as required.

I agree that the College may deduct money from my pay under the above circumstances, or if any of the above situations occur.

\_\_\_\_\_  
(Employee's name)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)