

DOD CONSTRUCTION

P.O. Box 70187, Bakersfield CA 93387
Office (661) 366-8000 Fax (661) 366-8001
License #624970, DIR #1000007691



Employee Authorization for Deductions

Contractor: _____

Project: _____

The undersigned authorizes the deductions shown below to be taken from his/her wage. These deductions (1) are taken in the interest of the employee; (2) are not a condition of employment; (3) do not create any direct or indirect financial benefit to the employer; and (4) are not forbidden by law.

Employee Name: _____

Employee Social Security No.: _____

Description of Deduction (i.e. Medical, 401K, Loan, etc.)	Amount (per week)

Employee Signature _____

Date _____