



CDBG Grant No: _____

City Project No. _____

Project Name: _____

Pre-Conference Meeting: _____

LS-15. AUTHORIZATION FOR DEDUCTIONS

The undersigned authorize deductions, as noted, to be made from his/her wages. It is understood that:

- the deduction(s) are in the interest of the employee,
- the deduction(s) are not a condition of employment,
- there is no direct or indirect financial benefit accruing to the employer,
- it is not otherwise forbidden by law; and
- if the deduction(s) are for fringe benefits, information regarding the fringe benefit plan has been provided to me in writing

(May cover all work performed for contract)			
EMPLOYEE NAME	DATE	AMOUNT	PURPOSE
_____ Printed Name	_____	_____	_____
_____ Signature			
_____ Printed Name	_____	_____	_____
_____ Signature			
_____ Printed Name	_____	_____	_____
_____ Signature			

Printed Name

Signature

Printed Name

Signature

2. Name of Contractor/Sub:

Signature of Authorized Representative

Date

Typed Name

Phone Number