



Archdiocese of Agaña

196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910

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VOLUNTARY PAYROLL DEDUCTION FORM

Today's Date: _____

Effective Date: _____

Employer Name: _____

Employee Name: _____

Employee Social Security Number: _____

Type of Deduction	Total Requested Amount	Deduction Amount Per Pay Period

I hereby authorize my employer to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I understand and agree that any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck or any other amounts that may be owed to me. This authorizes my employer to retain the entire amount of my last paycheck in compliance with the law. I further understand and agree that deductions will be made after any mandatory taxes as well as for any employer programs in which I have enrolled, for which I am eligible, or

Employee Signature: _____

Date: _____

HR Representative: _____

Date: _____