



Lost or Damaged Equipment Payroll Deduction Agreement

I, _____ authorize a bi-weekly payroll deduction of _____
(Name) (Amount)

each pay period for loss or damages to County equipment incurred _____
(Date(s) loss or damage occurred)

I understand that this amount will continue until the assessment of _____ is repaid.
(Amount)

Payroll deduction for said amount will include _____ and should be credited to
(Pay Period Ending)

department code number _____

I also agree to pay the remaining balance at termination if said amount is not paid in full.

Employee Signature Date

Approved by: _____
Department Director Date

Reviewed by: _____
Human Resources Director Date

Reviewed by: _____
Risk Management Director Date