



## Avera St. Luke's Hospital Payroll Deduction Agreement

(Available for orders totaling \$50 or greater)  
(This order limit may change for future orders)

Employee Name \_\_\_\_\_

Employee Department \_\_\_\_\_

Employee Number \_\_\_\_\_

Employee Hire Date \_\_\_\_\_

\*Must be within 6 months of hire date to be eligible for payroll deduction

Total amount to be withheld: \$ \_\_\_\_\_

Amount to be withheld each pay period: \$ \_\_\_\_\_

(\$20 minimum deduction per pay period and balance must be paid within eight (8) pay periods)

I agree to pay for my uniform/Avera wear purchase via payroll deduction. Deductions will begin when Avera St. Luke's receives the invoice from the uniform company.

I understand that the total balance of the invoice must be paid within eight (8) pay periods.

If the withholding amount listed on this form does not pay off your balance within 8 pay periods, Human Resources will notify you of the new withholding amount to ensure your balance is paid within this time frame. If you currently have an outstanding balance to which this balance is added, Human Resources will notify you of your new withholding amount to ensure your balance is paid within 8 pay periods.

If I terminate employment, I agree that the full remaining balance will be deducted from my last check(s). If the amount owed is higher than my last check, I understand that I am responsible for this amount and will be billed.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For HR Use:  
Withholding #500 UNIFORM

HR Representative: \_\_\_\_\_

Date: \_\_\_\_\_