



PAYROLL DEDUCTION FORM

Employee ID# _____
State of Operation: _____

Last Name: _____ First Name _____ Middle Initial _____

EMPLOYEE DEDUCTION INFORMATION

Deduction Type: Badge Cellular Phone Field Equipment Vehicle Uniform

Citation Citation Number: _____
Date of Citation Issued: _____
Vehicle Number: _____
Employees Shift Time: _____

Other _____

Reason: Purchase Replacement Damage Other _____

Comments: _____

Employee agrees to be Payroll Deducted for purchase of all duty equipment.
Employee agrees to be Payroll Deducted for any replacement/damage of company issue items, etc.

Employee Signature: _____ Date: _____

OFFICIAL USE ONLY – PAYROLL

Date of Purchase/Incident: _____

Invoice # _____

Total Amount of Deduction: \$ _____

Number of Payments: _____

Amount of Deduction per Pay Date: \$ _____

Effective Pay Date: _____

Comments: _____

Authorized Signature: _____ Date: _____