



SQUAXIN ISLAND TRIBE PAYROLL DEDUCTION FORM

EMPLOYEE NAME: _____

DATE TO START _____ DATE TO END _____

I AUTHORIZE SQUAXIN ISLAND TRIBE TO TAKE THE FOLLOWING DEDUCTION (S)
FROM MY PAYROLL CHECK.

DEDUCT FROM (circle one from below)

HOUSING PAYMENT	1 st payroll \$_____	2 nd payroll \$_____	Both
UTILITIES PAYMENT	1 st payroll \$_____	2 nd payroll \$_____	Both
COURT FINES	1 st payroll \$_____	2 nd payroll \$_____	Both

THE FOLLOWING WILL BE DEDUCTED IN THE NEXT SCHEDULED PAYROLL:

CELL PHONE \$_____

OTHER \$_____ (PLEASE EXPLAIN) _____

I also understand that medical, dental, vision and Aflac for dependent deductions and all 401(k) and tax exempt retirement employee contributions will be deducted from EACH payroll.

EMPLOYEE SIGNATURE

DATE

FINANCE APPROVAL

DATE

FOR PAYROLL USE ONLY

DATE RECEIVED: _____ DATE ENTERED: _____