|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE NAME |  | DATE EFFECTIVE |  |

**GENERAL PAYROLL DEDUCTION AUTHORIZATION**

**DEDUCTION DESCRIPTION**

|  |  |  |
| --- | --- | --- |
| **X** | **TYPE DESCRIPTION** | **AMOUNT** |
|  | Staff House |  |
|  | Bunk House |  |
|  | SFM Equipment  |  |
|  | Other |  |

**ADDITIONAL INFO**

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| --- |
| This equipment is to be used in conjunction with Safety First Muirhead’s Ltd. work only.The equipment is to be used in a good and careful manner and will comply with all the manufacturer’s requirements and recommendations respecting the equipment.As well as equipment, this agreement pertains to staff housing and associated contents.When due to negligence on their behalf, the employee will be responsible for risk of loss, theft, damage, or destruction to the equipment and property. Incidents of lose, damage or theft of equipment or property owned by SFM will require an investigation.If the outcome of the investigation determines negligence on behalf of the employee, they will be held responsible to cover the cost. In the event of loss, theft, damage, or destruction of equipment or property the employee agrees to have the value amount deducted from their pay cheque to cover the replacement cost. |

**AUTHORIZATION**

I UNDERSTAND THAT THIS FORM AUTHORIZES SAFETY FIRST MUIRHEAD’S LTD. TO DEDUCT FROM MY PAY THE AMOUNT AS INDICATED ABOVE IN THE EVENT OF LOSS, THEFT, DAMAGE, OR DESTRUCTION OF THE ABOVE MENTIONED EQUIPMENT.

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| --- | --- | --- | --- |
| EMPLOYEE SIGNATURE |  | DATE |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PAYROLL REPRESENTATIVE |  | DATE |  |