



**WAGE DEDUCTION AUTHORIZATION AGREEMENT**

I understand and agree that my employer, the City of Stephenville, may deduct money from my pay from time to time for reasons that fall into the following categories:

1. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the City;
2. The balance of Per Diem advances from the City, if there is a balance remaining when I leave;
3. If I receive an overpayment of wages for any reason, repayment of such overpayments to the City;
4. The cost to the City of personal long-distance calls or faxes made on City phones/faxes or on any City accounts;
5. The cost of repairing or replacing City supplies, materials, equipment, uniforms, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the City during my employment (applies to non-exempt employees only);
6. If I take paid vacation, sick, or holiday bank leave in advance of the date I would normally be entitled to it and I separate from the City before accruing time to cover such advance leave, the value of such leave taken in advance that is not covered.
7. If I am an authorized purchaser/cardholder of a City Procurement card and make any personal charges on the card or if I fail to provide necessary documentation that the charge was authorized by the required expense statement date.

**I agree that the City may deduct money from my pay under the above circumstances.**

I also acknowledge that I understand that the City pays its employees fairly and that all work is compensated and no supervisor may authorize work off the clock.

I acknowledge that I must accurately record time worked and should contact HR, my supervisor or my supervisor's manager with any questions. Non-exempt employees who work overtime without receiving proper authorization will be subject to disciplinary action, up to and including possible termination of employment.

I have read the above agreement and have received Policy 5.04 Overtime.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Department

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date