
Payroll Deduction Form For Employees

Personal Details

- Full Name: _____
- ID Number: _____
- Job Title: _____
- Department: _____
- Contact Information: _____

Deduction Details

Deduction Category: _____

Description of Deduction: _____

Deduction Amount: _____

Frequency of Deduction: _____

Weekly Bi-weekly Monthly

Employee Authorization

By signing below, I consent to the specified deductions from my payroll as described above. I acknowledge that I can cancel this agreement with written notice.

Employee Signature: _____

Date: _____

For Administrative Use

Approval Signature: _____

Date Processed: _____