Holsman Healthcare, LLC
Healthcare Staffing and Consulting Services
Tel: 973-393-5545 / 973-759-1494 / 877-268-9100 Fax: 973-759-0557

Payroll Deduction Agreement

Employee's Name: _____ **Work Site:** _____

I authorize Holsman Healthcare to deduct $_____ from my net paycheck. I understand that the deductions will start on pay date _____, 200___ and continue until the company has been repaid for the purchase(s) checked below.

☐ Loan Repayment $_____

☐ Pay Advance $_____

☐ Housing Cost, not to exceed $_____ per pay period. This amount may vary until actual housing costs are established.

☐ Other Deductions (please explain) _____, not to exceed, $_____ per pay period.

This deduction agreement is an estimation based on basic housing (including, occupancy for one person, a one bedroom apartment, furnishings and housewares) and basic utilities (including, gas and electric, water and sewage, and basic cable), and is subject to change according to any alterations. Any alterations to this agreement will result in completion of a new payroll deduction agreement. I understand the deduction(s) will continue until Holsman Healthcare has been repaid or until my employment has ended with Holsman Healthcare. If my employment ends before the above is repaid, I agree to repay the balance on or before my last day worked. If my final paycheck does not pay the balance in full, I agree to make arrangements with Holsman Healthcare to pay the remaining balance.

Signature:_____ **SS#:**_____ **Date:**_____

revised 10/4/2007