

# Employee Withholding Agreement



I, \_\_\_\_\_ authorize The Cottages to withhold from the following paychecks the cost of the Department of Health & Welfare background check Idaho State Police Background check, med. class and/or CPR certification. I understand that the withholding will affect my next regularly scheduled paycheck.

Subject to hour and wage laws, I further authorize The Cottages to withhold any outstanding balance from my final paycheck upon separation from employment, whether employee or employer's decision.

Please fill in the amount(s) below:

Dept. of Health & Welfare Background Check (\$70)	\$
Idaho State Police Background Check (\$21.60)	\$
Medication Class (\$85)	\$
CPR Certification	\$
Replacement Key Fob (\$20)	\$
Replacement Name Badge (\$15)	\$
<b>Total amount to be withheld from paycheck</b>	\$

(If the total is more than \$30.00, you can split that amount into 3 paychecks)  
Amount to be withheld per paycheck \$ \_\_\_\_\_

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_