

VOLUNTARY DEDUCTION PAYROLL AUTHORIZATION

Pre-Tax and Post-Tax Employee Deductions

Employee Name:

Employee ID:

Department:

Effective Date:

1. PRE-TAX DEDUCTIONS

Deduction Type	Frequency (per pay/monthly)	Rate (%)	Amount (\$)
Medical Insurance			
Dental Insurance			
Vision Insurance			
Traditional 401(k) / Retirement			
Flexible Spending Account (FSA)			
Health Savings Account (HSA)			
Other Pre-Tax:			
Total Pre-Tax Deductions			

2. POST-TAX DEDUCTIONS

Deduction Type	Frequency (per pay/monthly)	Rate (%)	Amount (\$)
Roth 401(k) / Roth Retirement			
Group Life Insurance (Supplemental)			
Short/Long Term Disability			
Union Dues			
Charitable Contributions			
Garnishments / Legal			
Other Post-Tax:			
Total Post-Tax Deductions			

3. DEDUCTION SUMMARY

Grand Total (Pre-Tax + Post-Tax)			
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4. AUTHORIZATION & SIGNATURES

I hereby authorize my employer to deduct the amounts indicated above from my earnings each pay period. I understand that pre-tax deductions reduce my taxable income and that all voluntary deductions will remain in effect until I submit a written change or termination request.

Employee Signature

Date:

Payroll Administrator Signature

Date:

For Human Resources and Payroll Department Use Only. Please ensure a copy of this form is retained in the employee's personnel file.