I understand and agree that my employer, Trinity Fellowship (Trinity) may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for Trinity’s group medical/dental plan.
2. Any contributions I may make into a retirement plan sponsored, controlled, or managed by Trinity.
3. The cost of Trinity shirt(s), uniform(s) and/or equipment, supplies or materials that I agree to purchase or fail to return during employment or after separation.
4. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from Trinity before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.
5. If I receive an overpayment of wages for any reason, repayment of such overpayments to Trinity.

I agree that Trinity may deduct money from my pay under the above circumstances, or if any of the above situations occur.

|  |  |
| --- | --- |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

***Business Office Use Only***

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| --- | --- | --- | --- |
| Entered By: |  | Date: |  |