Breakage / Error Notice

NAME

DATE

I UNDERSTAND AND AUTHORIZE THAT \$_____ WILL BE DEDUCTED FROM MY PAYCHECK(S) AT A RATE OF \$_____ PER PAY PERIOD FOR LOSSES DUE TO BREAKAGE AND/OR ERRORS CAUSED BY MY NEGLIGENCE AND CARELESSNESS. I FURTHER UNDERSTAND AND AUTHORIZE THAT IN THE EVENT MY EMPLOYMENT ENDS FOR ANY REASON, THE ENTIRE REMAINING BALANCE IF ANY WILL BE DEDUCTED FROM ANY FINAL PAYCHECKS OWED TO ME.

Precise loss: ()Customer Walkouts ()Broken Dishes ()Cash Register Shortages ()Lost Key ()Food Waste ()

SIGNED_____

DATE