

Texas Wage Deduction Authorization

I UNDERSTAND AND AUTHORIZE Yurcor (the "Company") to deduct money from my pay from time to time for any of the reasons that fall into the following categories:

1. My share of the premiums for the Company's group medical/dental/vision plans;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
3. Installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. If I receive overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in designated or specified amounts);
5. The cost to the Company of personal long-distance calls I may make, or messages I may send, using Company phones (land lines or cell-phones) or Company accounts, or of personal faxes sent by me using Company equipment or Company accounts, or of non-work-related access to the Internet or other computer networks by me using Company equipment or Company accounts;
6. The cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment
 - a. Except in the case of misappropriation of money by me, I understand that if I am a non-exempt employee, no such deduction will take my pay below minimum wage;
 - b. Except in the case of misappropriation of money by me, I understand that if I am a salaried exempt employee, no such deduction will take my pay below its predetermined amount;
7. The cost of Company uniforms and of cleaning the uniforms (the Company will only deduct the actual price it pays for uniforms and cleaning costs);
8. The reasonable cost or fair value, whichever is *less*, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment;
9. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;

10. If I take paid vacation or wellness leave in advance of the date I would normally be entitled to it and I resign or am terminated from the Company before accruing time to cover such advance vacation or leave, the value of such vacation or leave taken in advance that is not so covered;
11. The value of any time off for absence to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-pay deductions are specifically allowed under federal law); and
12. If the Company pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.

I understand and agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand and acknowledge that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and/or federal agencies. I understand that if I am hired, this authorization shall remain in effect for so long as I am employed by the Company, unless revoked by me in writing and delivered to the Human Resources Department. I further agree that a reproduced copy of this consent form shall have the same force and effect as the original.

Employee Name (Please Print): _____

Employee Signature: _____

Date Signed: _____