Payroll Deduction Authorization Form

☐ Advantage Nursing Services, Inc.
☐ Health Facility Staffing

_____ ST. LOUIS
Date Office Location

Name: _____

Address: _____

_____

Social Security Number: _____

I, _____ , hereby authorize the above Company to Deduct the appropriate deduction for the following from my paycheck.

The amount to be deducted will be **$15.00**, one time only.

☐ Criminal History Check **$10.00**
☐ Family Care Safety Registry (FCSR) **$5.00**

Employee Signature	Print Name	Date

Payroll Dept Signature	Print Name	Date