

**LACKLAND ISD**  
**WAGE DEDUCTION AUTHORIZATION AGREEMENT**

I understand and agree that my employer, Lackland Independent School District (the District), 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 supplemental benefits for which I have voluntarily enrolled such as: group medical, life insurance, dental plan, disability plan, or any other supplemental benefit product;
2. Contributions that I am required to into a retirement or pension plan (Teacher Retirement System);
3. Reimbursements to the District such as (as applicable): non-business use of my employee charge account or credit card; personal long distance calls; sales and occupancy taxes that were charged to the District in error; or other non-authorized or non-allowable expenditure of District funds;
4. Overpayment of wages for any reason, repayment to the District of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the District and I agree in writing to a series of smaller deductions in specified amounts);
5. The cost of repairing or replacing any District supplies, materials, equipment, money, District-issued uniforms, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the District during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount);
6. 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;
7. The actual value of district-advanced leaves that I have taken in excess of what has been accrued or earned up to the separation date; and
8. Any other deductions that I have elected in writing and submitted to the payroll department.

I agree that the District may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the District 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 federal agencies.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed