North Carolina Department of Labor (NCDOL) Equipment Inventory & Authorization to Withhold Wages



Employee Name:	Inventory Date:	N.C. Department of Labor	
Item Description (include serial or fixed asset number)	Quantity	Value of Item	Total Value

By signing this document, the undersigned employee acknowledges that he/she has received the above equipment/items for use during the course of his/her employment with NCDOL. The undersigned employee further acknowledges that the above equipment/items are valued as noted above. Pursuant to § 95-25.8. "Withholding of wages" of the North Carolina Wage & Hour Act:

(a) An employer may withhold or divert any portion of an employee's wages when:
(2) When the amount or rate of the proposed deduction is known and agreed upon in advance, the employer must have written authorization from the employee which (i) is signed on or before the payday(s) for the pay period(s) from which the deduction is to be made; (ii) indicates the reason for the deduction; and (iii) states the actual dollar amount or percentage of wages which shall be deducted from one or more paychecks.

I hereby certify that I have reviewed and understand the above regarding withholding of wages.

I hereby authorize that upon my separation from employment with NCDOL, the value of any equipment/items not returned on or before the date of separation will be deducted from my wages at the rate or value noted above on the following pay day.

I hereby authorize that the value of any equipment/items not returned within 30 days of a request by my supervisor or Bureau Chief will be deducted from my wages at the rate or value noted above on the following pay day.

I agree to notify my supervisor on the next business day in the event of loss or damage to any equipment/items provided to me by NCDOL. I further agree to participate in any annual audit or otherwise periodically update this Authorization as requested by my supervisor or Bureau Chief.

Employee Signature: _____

Date:	
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Supervisor Signature: _____

Date:	