

**UFCC FORM****VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION**

Please do not print this form. All fields must be completed.

**Umbrella Family
and Child Centres
of Hamilton**

EMPLOYEE NAME: _____

By signing this form, I voluntarily authorize Umbrella Family and Child Centres of Hamilton (hereafter known as the "Company") to deduct from my payroll check the balance of the Apprentice Lending Program as outlined in the Apprentice Lending Program Policy.

I acknowledge and agree as follows:

- I may only use the money received for the sole intended purpose of paying for the required Child Development Practitioner course
- I am responsible for paying the full balance which will be calculated over 24 installments (approximately 6 months)
- This payroll deduction authorization will remain in effect until the full balance has been repaid to the Company
- If there are any interruption of earnings as described in the Apprentice Lending Program Policy, I will contact the Company and arrange for the bi-weekly repayment amounts to be readjusted upon my return so that the balance is at zero according to the original payment schedule
- If I am terminated, whether voluntarily or involuntarily, I authorize for the Company to use any accrued vacation pay or final pay, including termination or severance pay, to pay the balance of the loan. If there is a remaining balance due which exceeds my final paycheck, I agree to remit immediately to the Company the full amount due.

EMPLOYEE		
First Name, Last Name (PRINTED)	Signature	Date

HUMAN RESOURCES		
First Name, Last Name (PRINTED)	Signature	Date

Last Revision Approved: May 25, 2021

Date of Next Review: May 2022