



Corporate Office  
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Upper Marlboro, MD 20774  
301-574-9401

Mailing Address  
P.O. Box 2189  
Upper Marlboro, MD 20773

## WAGE DEDUCTION AUTHORIZATION AGREEMENT

I, \_\_\_\_\_ understand and agree that my employer, LLF, Inc. (the Company), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. my share of premiums for the Company's group medical/dental plan/Short-term Disability/Life Insurance;
2. any contributions I elect to 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 an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
5. the reasonable cost or fair value, to repair or replace any Company supplies, materials, equipment, 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;
6. 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 (except in the case of misappropriation of money by me);
7. The security deposit for Company uniforms and the cost of uniforms not returned (Company will deduct only the actual price it pays for uniforms);
8. 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;
9. if I take paid vacation leave or paid time off in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave and/or paid time off, the value of such leave taken in advance that is not so covered;
10. the value of any time off for absences 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-day deductions are specifically allowed under federal law); and
11. if my employer 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;
12. the value of any training received, paid for by the Company upon voluntary termination within six (6) month of hire;

I 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 that the Company has stated its intention to abide by all applicable Federal and Maryland 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 Maryland and Federal agencies. Should my obligation not be satisfied by my last pay, I remain obligated to the Company for any balance due, for which payment shall be made within seven (7) days from the date of my severance from employment with Company.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lynette Entzian

\_\_\_\_\_  
Date

LLF, Inc.

Executive Vice President