

## Baptist Hospitals of Southeast Texas

### WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, Baptist Hospitals of Southeast Texas (the Company), may deduct money from my pay as necessary for any of the following reasons:

1. my portion of the premiums for the Company's group medical/dental plan;
2. any contributions I elect to contribute to a retirement or pension plan sponsored, controlled or managed by the Company;
3. repayment of wages overpaid by the Company for any reason (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);
4. the cost to the Company of personal long-distance calls, personal faxes, non-work related access to the Internet or other services using Company equipment and/or Company accounts;
5. the cost of repairing or replacing any Company supplies, materials, equipment, money or other property that I may damage (other than normal wear and tear), lose, fail to return, or take from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will reduce my pay below minimum wage);
6. any vacation or sick leave advanced to me by the Company prior to the date I would normally be entitled to it may be deducted if I separate employment before accruing time to cover the advanced vacation or sick leave;
7. any deduction authorized by me for miscellaneous items purchased through approved vendors such as gift shop, jewelry shows, cafeteria, book fairs, etc.;
8. any Sign-on bonus, Retention bonus, Relocation, Referral incentive, and/or Tuition/Education monies paid to me may be deducted if I separate employment, change to any status other than full time, or am involuntarily separated (as laid out in signed contract);

I agree that the Company may deduct money from my pay for the reasons listed above. I further understand that the Company intends to abide by all applicable federal and Texas wage and hour laws. If I believe that any wage and hour law has been violated I have the right to file a wage claim with the appropriate state and/or federal agencies.

**By signing the Acknowledgement of Employment Packet, I acknowledge that I have reviewed and understand the above listed policies and agree to abide by them. I further understand that I am expected to use these policies for general guidance and to seek additional information from my supervisor or the Human Resources Department if needed.**