PAYROLL AUTHORIZATION

I, ________________________________________, hereby authorize The University of Tennessee Health Science Center, at the time of my termination, to withhold from my final paycheck a sum equal to the following:

1. All unpaid personal accounts and fines

2. All money owed in compliance with the Educational Assistance Policy

3. Reasonable replacement cost of:
   a. unreturned University keys
   b. unreturned staff ID card
   c. unreturned uniforms
   d. un returned equipment

4. Value (through date of expiration) of unreturned parking stickers and special parking cards.

____________________________________     ___________________________
Signature                                      Date