

Native Village of Eyak
110 Nicholoff Way
P.O. Box 1388
Cordova, Alaska 99574-1388
P (907) 424-7738 * F (907) 424-7739
www.eyak-nsn.gov



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

Payroll Deduction Authorization

I, _____, hereby authorize the Native Village of Eyak to withhold from my wages the amount of \$_____, which shall be withheld at a rate of \$_____ per pay period for a total of _____ pay periods for the purpose of _____

_____.

I further agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth above, the Native Village of Eyak may withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state minimum wage law. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

**Please attach any relevant documentation of the charge owed to NVE.*

Employee Signature

Date

HR Use

Date

Amount Withheld

Date

Amount Withheld

Deductions Completed: _____