

Wagner Library Consent Form * Life Safety Book Check Out

Emply Name: _____

Badge Number: _____

Department: _____

Phone Number: _____

Book Title
and #: _____

Librarian Initial: _____

Payroll Release Form:

I hereby authorize MultiCare Health System to deduct from my paycheck the cost of replacing the Life Safety book(s) that I checked out. If I failed to return the book(s) within 7 days of due date, I authorize MultiCare Health System to withhold from my next or final paycheck any sums due to the loss of book(s), and I understand that I may be sent to collections if I do not respond.

Employee
Signature: _____

Date: _____

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