



DEFICIT LEAVE AGREEMENT

EMPLOYEE NAME: _____ DATE: _____

CLIENT COMPANY: _____

PAID LEAVE AVAILABLE TO ME: _____

PAID LEAVE REQUESTED BY ME: _____

I have requested paid leave time beyond what I have available to me at this time. I understand that the Company is willing to allow me to use more paid leave than I am now entitled to, upon the condition that, if I separate from employment for any reason before I have earned the paid leave now advanced, that I give permission to the Company to withhold so much of my last earnings as may be necessary to return my paid leave balance to zero.

By executing this Agreement I give my permission to the Company to withhold from my last earnings a sufficient sum of money to correct any negative leave balance at the time of separation and return it to zero.

Witness my signature:

Employee Signature

Authorized Company Representative