

**AUTHORIZATION FOR WAGE INFORMATION**

Date.....

This form or a photostat thereof, will authorize you to give.....  
or its representative, all information in your possession regarding my rate of pay, hours worked,  
amount of overtime, commissions, tips, vacation allowance, nature of my employment, time lost  
from work and other information which they may require.

Print Name .....

Signed.....

Witness:  
Print Name .....

Signed.....