

AUTHORIZATION FOR PAYROLL DEDUCTION
Safety Shoe Payroll Deduction Form

I, _____, hereby authorize Compass Group USA, Inc., its subsidiaries, affiliates and parents, and each of their respective successors (collectively, "Compass Group") to deduct from my wages and earnings for the initial three (3) payroll periods of my employment with Compass Group the total amount of \$ _____, in three (3) equal installments of \$ _____ each, which amount shall be used to pay for one (1) pair of safety shoes to be worn by me in the workplace during my employment with Compass Group. In exchange for this payroll deduction, said safety shoes will be provided to me by Compass Group on the first day of my employment with Compass Group, and will be my own personal property. I also understand that such safety shoes will remain my personal property after my separation from employment with Compass Group

I further agree that all outstanding amounts owed by me to Compass Group for the safety shoes shall be due and payable by me to Compass Group on or before the last day of my employment with Compass Group. As such, in the event that my employment with Compass Group is terminated or ended by either me or Compass Group prior to the time that the amounts due for my safety shoes has been paid by me in full, I hereby authorize Compass Group to deduct such outstanding amounts from all wages, vacation pay, expense reimbursements, bonuses, commissions, distributions, dividends and other compensation that may be due me by Compass Group upon my separation from employment and apply the same to the repayment amounts owed by me. In addition, I further agree that in the event that I fail to repay such outstanding amounts to Compass Group within the time period requested such that it becomes necessary for Compass Group to pursue legal or other action against me for the collection of the same, Compass Group shall further be entitled to costs and attorneys' fees relating to any such proceeding or any other action to enforce its reimbursement rights.

I understand that this payroll deduction in no way affects or restricts the rights afforded me pursuant to the Fair Labor Standards Act or my status as an employee-at-will.

This authorization is made freely, voluntarily and without threat or promise of any kind.

Employee's Name

Employee's Signature

Date

RETAIN THIS FORM IN THE ASSOCIATE'S FILE