

VOLUNTARY ASSIGNMENT OF WAGES/EARNINGS REPAYMENT PLAN

This form is a written contract. By using this form, the employee voluntarily agrees to have his/her employer withhold a certain amount from each paycheck to pay off a debt to the Kansas Department of Labor (KDOL).

Date (mm/dd/yyyy): _____

I, the undersigned _____ (print full name)

Last four digits of Social Security number: XXX-XX-_____ Phone _____

Street: _____

City: _____ State: _____ ZIP: _____ Email: _____

Am employed by:

Name of employer contact person or HR Department contact: _____

Employer street: _____

City: _____ State: _____ ZIP: _____ Email: _____

Phone: _____

On the date set out above, by my signature below, witnessed by an employee, officer or agent of my employer, I hereby assign \$_____ per pay period (check box: weekly / monthly / bi-weekly semi-monthly /other) of my earnings or wages from my employer to KDOL. I direct my employer to pay and deliver such assigned earnings or wages on or before the same date and time that they would otherwise be payable to me. Payment should be made payable to the Kansas Department of Labor. Payment should be timely mailed or delivered to the Kansas Department of Labor, Attn: Benefit Overpayment Collections, 401 SW Topeka Blvd., Topeka, Kansas 66603-3182 for my benefit. This assignment shall continue in full force and effect so long as I am employed by my employer until revoked by my written notice to terminate this assignment. I understand I must deliver such notice to both my employer and to the Kansas Department of Labor Benefit Overpayment Collections at least ____ days in advance of my intended termination date. I intend that KDOL is a third-party beneficiary of this assignment.

Employee's signature: _____

Employer representative signature: _____ Date (mm/dd/yyyy): _____

Printed name of employer representative: _____

This form is not provided for the purposes of providing legal advice. Entering into a wage or earnings assignment creates or changes legal rights and interests. If you have issues or questions about the use of a wage or earnings assignment, you should contact your legal advisor or attorney at your cost and expense.

Keep a copy of this agreement for your records. Submit this completed form to your HR Department **and** mail a copy to:

Kansas Dept. of Labor
Benefit Overpayment Collections
401 SW Topeka Blvd.
Topeka, KS 66603-3182