



# Ho-Chunk Nation Gaming Commission

W9814 Airport Road, P.O. Box 667, Black River Falls, WI 54615 • (715) 284-7474 • (800) 814-8050 • FAX (715) 284-7550

## AUTHORIZATION OF VOLUNTARY WAGE ASSIGNMENT

### ATTENTION: DEPARTMENT OF TREASURY-CENTRAL OPERATIONS

Re: Levied fine for license violation(s) pursuant to *Gaming Ordinance 5 HCC 1 § 37*.

Associated Gaming Commission Doc. ID #: \_\_\_\_\_

Apply funds to Gaming Commission Account #: \_\_\_\_\_ (If applicable)

Total Fine Imposed: \$ \_\_\_\_\_

#### Employee: Please note the following policies in regard to Central Operations Wage Assignments:

1. Payroll requires *original* form for processing.
2. There is a minimum \$10.00 deduction amount per deduction.
3. In the event of a separation of employment, the balance owed will be deducted **in full** from your *final* pay period and/or PTO disbursement.
4. Social Security number must be fully entered.
5. Form must be completely filled out to process wage assignment!
6. **Imposed fines will remain as a debt owed to the Ho-Chunk Nation, until satisfied.**

I, \_\_\_\_\_, employed at HCN- \_\_\_\_\_,

EMPLOYEE NAME - PRINT ONLY

with Employee ID No.: \_\_\_\_\_, and SSN: \_\_\_\_\_,

voluntarily consent to have the below deduction(s) taken from my payroll check(s), only until the wholly imposed

fine of \$ \_\_\_\_\_ dollars has been satisfied in full.

#### Please select one option:

☐ One (1) pay period deduction of \$ \_\_\_\_\_ dollars.

☐ Deduct \$ \_\_\_\_\_ dollars per pay period, until imposed fine of \$ \_\_\_\_\_ dollars is fully satisfied.

Employee consenting signature \_\_\_\_\_ Date: \_\_\_\_\_

GAMING COMMISSION AGENT: \_\_\_\_\_

SIGNATURE

DATE

ATTENTION: If you have questions regarding this form contact: *Gaming Commission @ ext. 11051* Thank you!