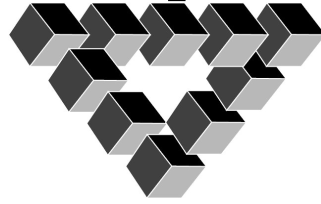


StaffScapes, Inc.



1070 W 124th Ave., Ste 900 Westminster, CO 80234
Phone: 303-466-7864; Fax: 303-466-7947

Authorization for Payroll Deduction

Employee Name: _____.

SS Number: _____ - _____ - _____. Date: _____, 200__.

Client Name: _____.

I _____, hereby authorize StaffScapes, Inc., to
(Please Print)

Deduct from my pay check an amount not to exceed \$ _____ from my pay for:

(Please circle) ADVANCE UNIFORMS TOOLS FOOD GAS
 INSURANCE MISCELLANEOUS _____

=====

Complete below for any deduction that has a fixed amount to be withheld each pay period, with a maximum amount to be withheld.

Type of Deduction	Amount each Pay	Maximum to Withhold
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Employee Signature: _____

Client Signature: _____