



Boston Pizza Uxbridge

EMPLOYEE AUTHORIZATIONS AND ADDITIONAL POLICIES

NAME OF EMPLOYEE: _____

DIRECT DEPOSIT AUTHORIZATION

____ **initial**

I hereby authorize Boston Pizza Uxbridge to deposit any amounts owed me by initiating credit entries to my account(s) at the Financial Institution(s) (here in after "Bank") indicated below. Further I authorize the Bank to accept and credit all credit entries by Boston Pizza Uxbridge to my account. In the event that Boston Pizza deposits funds erroneously into my account, I authorize Boston Pizza Uxbridge to debit my account for the amount not to exceed the original amount of the erroneous credit.

ATTACH VOID CHECK HERE OR COMPLETE THE FOLLOWING:

BANK NAME & ADDRESS

TRANSIT NUMBER BANK NUMBER ACCOUNT NUMBER

SHIFT AWARENESS POLICY

____ **initial**

I understand that I may be required to work more than an eight hour shift at any given time. I understand that I will receive breaks according to restaurant policies and during business decline periods of the day.

UNIFORM

____ **initial**

I understand the Boston Pizza uniform standards (as per the Policy & Procedure) and will adhere to them at all times. If the uniform standards are not met for every shift, I understand I will not be able to start work and I may receive a written warning from management. I also understand, that the cost of my uniform will be deducted from my next pay cheque after receipt of my uniform.

DEPOSIT SHORTAGES & ADVANCES

____ **initial**

I authorize Boston Pizza Uxbridge to deduct from my paycheque amounts necessary to recover any advances I may request and any serving deposit shortages upon notification.

Employee Signature

Date