



**College of Medicine**  
Graduate Medical Education  
910 Madison Ave, Suite 1031  
Memphis, TN 38163  
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University of Tennessee  
Payroll Authorization Form

I, \_\_\_\_\_, hereby authorize The University of Tennessee at the time of my termination, to withhold from my final paycheck a sum equal to the following:

1. All unpaid personal accounts and fines
2. Reasonable replacement cost of:
  - a. unreturned University keys
  - b. unreturned staff identification card
  - c. unreturned equipment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date