



Office
624 N. Hammonds Ferry Road
Linthicum, MD 21090
410-923-5155

WAGE DEDUCTION AUTHORIZATION AGREEMENT

Mailing Address
P.O. Box 361
Linthicum, MD 21090

I, _____ understand and agree that my employer, MAA, Inc. (the Company), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of premiums for the Company's group medical/dental plan/Short-term Disability/Life Insurance;
2. Any contributions I elect to make into a retirement or pension plan sponsored, controlled, or managed by the Company;
3. Installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. If I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
5. The reasonable cost or fair value, to repair or replace any Company supplies, materials, equipment, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment;
6. I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount (except in the case of misappropriation of money by me);
7. The security deposit for Company uniforms and the cost of uniforms not returned (Company will deduct only the actual price it pays for uniforms);
8. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
9. If I take paid vacation leave or paid time off in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave and/or paid time off, the value of such leave taken in advance that is not so covered;
10. The value of any time off for absences to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and
11. If my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me;
12. The value of any training received, paid for by the Company upon voluntary termination within (12) months of hire;

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable Federal and Maryland wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Maryland and Federal agencies. Should my obligation not be satisfied by my last pay, I remain obligated to the Company for any balance due, for which payment shall be made within seven (7) days from the date of my severance from employment with Company.

Signature of Employee

Date

Chris Rice

Date

MAA, Inc.

Vice President