

PERMISSION TO RELEASE PAYCHECK

I, _____, give my permission to Master Staffing

to release my paycheck to the following person(s):

1. _____

2. _____

I hereby relieve Master Staffing, LLC of any and all liabilities associated with the release of my paychecks during the time period set forth on this release. Furthermore, I acknowledge that this release shall expire in 90 days unless terminated by me in writing prior to the expiration. I understand that after 90 days I **MUST** complete a new release or my paycheck will not be released to any person(s) other than myself.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Verified By: _____ Expires On: _____

Resend _____