



Employee Number: _____

WAGE ASSIGNMENT FORM

Boone Memorial Hospital, Inc.

STATE OF WEST VIRGINIA

COUNTY OF BOONE

I, _____, hereby assign to _____
_____ future wages due me from Boone Memorial
Hospital in the amount of \$ _____ which amount due to _____
(Creditor)
Together with the \$ _____ the total amount due to _____

By this and previous assignments. Three fourths of my earnings for each pay period less deductions shall be exempt for all wage assignments. All my wage assignments shall be paid in the order of the date I signed them. This assignment shall be effective for a period of (1) year.

Employee Signature

Taken, sworn to and subscribed before me on this, the _____ day of _____, 20_____.

(Notary Public)

My commission expires _____.

Accepted by (endorsement by employer) on this, the _____ day of _____, 20_____.

By (employer of employee), (title)

Boone County