

# VOLUNTARY ASSIGNMENT OF WAGES/EARNINGS

*This form is provided for your education and use, if you choose to do so. You are not required to enter into a wage or earnings assignment. Do not enter into an assignment of wages or earnings unless you view it as being a benefit to you for your purposes. Use of this form is voluntary on your part.*

Date (mm/dd/yyyy): \_\_\_\_\_

I, the undersigned \_\_\_\_\_ (print full name)

Last four digits of Social Security number: XXX-XX-\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Am employed by:

\_\_\_\_\_

Name of employer contact person or HR Department contact: \_\_\_\_\_

Employer street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

On the date set out above, by my signature below, witnessed by an employee, officer or agent of my employer, I hereby assign \$ \_\_\_\_\_ per pay period (check box: weekly  / monthly  / bi-weekly  semi-monthly  / other ) of my earnings or wages from my employer to the Kansas Department of Labor (KDOL). I direct my employer to pay and deliver such assigned earnings or wages on or before the same date and time that they would otherwise be payable to me. Payment should be made payable to the Kansas Department of Labor. Payment should be timely mailed or delivered to the Kansas Department of Labor, Attn: Asset Recovery, 401 SW Topeka Boulevard, Topeka, Kansas 66603-3182 for my benefit. This assignment shall continue in full force and effect so long as I am employed by my employer until revoked by my written notice to terminate this assignment. Such notice must be delivered to my employer at least \_\_\_\_\_ days in advance of my intended termination date. I intend that the Kansas Department of Labor is a third party beneficiary of this assignment.

Employee's signature: \_\_\_\_\_

Employer representative signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Printed name of employer representative: \_\_\_\_\_

This form is not provided for the purposes of providing legal advice. Entering into a wage or earnings assignment creates or changes legal rights and interests. If you have issues or questions about the use of a wage or earnings assignment, you should contact your legal advisor or attorney at your costs and expense.

Keep a copy for your records and mail this completed form to:

Kansas Dept. of Labor  
Asset Recovery  
401 SW Topeka Blvd.  
Topeka, KS 66603-3182