

**WEST VIRGINIA STATE EMPLOYEE
VOLUNTARY ASSIGNMENT OF FUTURE WAGES**

STATE OF WEST VIRGINIA

COUNTY OF _____

I, _____
Name of State Employee

, hereby assign the total amount of _____

that I owe to _____, from future wages I earn.
Name of Employer

I acknowledge that the amount I owe is for the following reasons(s): _____

I understand that twenty-five, or 25%, of my net wages are at all times exempt from assignment.

The amount to be deducted each pay period from my net wages is _____

I also understand that this assignment cannot be effective for more than one year.

State Employee Signature

Employer Signature

Employer Title

Date