

**EXHIBIT A**

**D.A.K. No Call/No Show Policy**

**Payroll Deduction Authorization Form**

I hereby authorize D.A.K., as of the date of my signature below, to make deductions from my paycheck to satisfy administrative fee(s) that may apply in accordance with the terms and conditions of the D.A.K. No Call/No Show Policy. I understand and agree that I am responsible for satisfying these amounts in accordance with said Policy.

\_\_\_\_\_  
Individual Printed Name

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
D.A.K. Staff Signature

\_\_\_\_\_  
Date