



D8 SOCIAL CLUB DEDUCTION FORM

000009287

Please complete this form using a **BLACK PEN** and **BLOCK CAPITALS**.

FORWARD TO RPH Staff Amenities Fund Office on Fax 9224 2501

* Denotes a mandatory field.

(A) HEALTH SERVICE / AGENCY : *
 Site Abbreviation:

(B) CURRENT DETAILS :

*Employee Number: *Family Name:

*Given Name(s):

*Department:

(C) DEDUCTION DETAILS :

Employee Name:

I, Employer Name:

hereby authorize

Health Service/Region:

to deduct \$ per pay period, from my wages, starting pay period ending Date:

Reason: Social Club.

I reserve the right to revoke this payroll deduction authorisation at any time.

(D) EMPLOYEE SIGNATURE :

I certify that the above information is correct.

*Employee Name: *Telephone/Ext: *Signature: *Date:

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(E) EMPLOYMENT SERVICES :

HRIS Code: Amount: \$

*Officer Name: *Telephone/Ext: *Signature: *Date:

**** IMPORTANT YOUR PAYROLL/EMPLOYEE NUMBER HAS BEEN COMPLETED ****

\$3.00 SINGLE OR \$4.00 FAMILY MEMBERSHIP ARE PER FORTNIGHT



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