

PAYROLL DEDUCTION FORM

EMPLOYEE NAME	
EMPLOYEE ID	
ROLE TITLE	

DEDUCTION DESCRIPTION

X	DESCRIPTION	TOTAL AMOUNT	DEDUCTION EACH PAY	FREQUENCY
	Accommodation			
	Flight Costs			
	Transfer Costs			
	Health Insurance			
	<i>Other</i>			
	<i>Other</i>			
	<i>Other</i>			
	<i>Other</i>			

The first deduction will commence on:	[insert date]
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ADDITIONAL INFO

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AUTHORISATION

I UNDERSTAND THAT THIS FORM AUTHORIZES MY EMPLOYER, _____ TO DEDUCT THE AMOUNT INDICATED ABOVE FROM MY GROSS PAY BY THE AMOUNT LISTED.

EMPLOYEE SIGNATURE		DATE	
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COMPANY REPRESENTATIVE		DATE	
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