



SAL124 Deduction Authority

(HR.V1.0 - 7.05.18)

Send to Salaries Unit, Human Resources salaries@unsw.edu.au

Employee Details

Staff zID:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Employee Record No.:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Family Name:	_____		Given Name:	_____
School/Unit/ Department:	_____		Ext.:	_____

Deduction Details

NAME OF ORGANISATION	Add/ Stop/ Change Deduction	Deduction to start next available pay period	Deduction to cease next available pay date	Fortnightly amount to be deducted
				\$
				\$
				\$

Note:

- If there is insufficient net pay, deductions will not be made.
- Incomplete forms will not be processed and returned to the individual.
- This form must reach the Salaries Unit according to the [schedule](#) for the relevant pay date.

_____ Signature of Employee	_____ Date
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