



000009287

D8 SOCIAL CLUB DEDUCTION FORM

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

* Denotes a mandatory field.

Forward to HCN Payroll by **FAX**.

Note: This printable version of the form must not be emailed.

(A) HEALTH SERVICE / AGENCY : *

FIONA STANLEY HOSPITAL

Site Abbreviation:

F S H

(B) CURRENT DETAILS :

*Employee Number:

*Family Name:

*Given Name(s):

*Department:

(C) DEDUCTION DETAILS :

Employee Name:

I,

Employer Name:

hereby authorize F I O N A S T A N L E Y H O S P I T A L

Health Service/Region:

S O U T H M E T R O P O L I T A N H E A L T H S E R V I C E

to deduct \$ 12 per pay period, from my wages, starting pay period ending

Date:

D D M M Y Y Y Y

Reason:

for 7 2 A - F S H R M O S O C I E T Y (S M O S)

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:

D D M M Y Y Y Y

Return this form to HCN Payroll as soon as possible to avoid overpayment of salary. FAX to 6444 5899.

*** Note: Always use the most current version of a form from HealthPoint to avoid processing delays.

INSTRUCTIONS FOR COMPLETING SECTION A :**Health Service/Agency**

ARMADALE HEALTH SERVICE
BENTLEY HEALTH SERVICE
CHILD AND ADOLESCENT COMMUNITY HEALTH SERVICE
CHILD AND ADOLESCENT HEALTH SERVICE
DENTAL HEALTH SERVICES
DEPARTMENT OF HEALTH (ROYAL STREET DIVISIONS)
DRUG AND ALCOHOL OFFICE
FIONA STANLEY HOSPITAL
FREMANTLE HOSPITAL AND HEALTH SERVICE
GALLIERS' WING AND SPECIALIST CENTRE
HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE
HEALTH CORPORATE NETWORK
HEALTH INFORMATION NETWORK
HEALTH SYSTEM IMPROVEMENT UNIT
KALEEYA HOSPITAL
MENTAL HEALTH COMMISSION
NORTH METROPOLITAN AREA HEALTH SERVICE
NORTH METROPOLITAN AREA MENTAL HEALTH SERVICE
OSBORNE PARK HOSPITAL
PATHWEST LABORATORY MEDICINE WA
PEEL AND ROCKINGHAM KWINANA HEALTH SERVICE
ROYAL PERTH HOSPITAL
SIR CHARLES GAIRDNER HOSPITAL
SOUTH METROPOLITAN AREA HEALTH SERVICE
SOUTH METROPOLITAN AREA MENTAL HEALTH SERVICE
SWAN/KALAMUNDA HEALTH SERVICE
WACHS - AREA OFFICE
WACHS - GOLDFIELDS
WACHS - GREAT SOUTHERN
WACHS - KIMBERLEY
WACHS - MIDWEST
WACHS - PILBARA
WACHS - SOUTHWEST
WACHS - WHEATBELT
WOMEN AND NEWBORN HEALTH SERVICE

Site Abbreviation

AHS
BHS
CACHS
CAHS
DHS
RSD
DAO
FSH
FHHS
GWSC
OHR
HCN
HIN
HSIU
KH
MHC
NMAHS
NMAMHS
OPH
PLMWA
PRKHS
RPH
SCGH
SMAHS
SMAMHS
SKHS
WACHSAO
WACHSGF
WACHSGS
WACHSKR
WACHSMW
WACHSPR
WACHSSW
WACHSWB
WNHS