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Health Organisation					
☐ ACI ☐ BHI ☐ CEC	☐ CINSW ☐ EXECUTIVES ☐ HETI	☐ HI ☐ HPCA ☐ HS CORPORATE	☐ HS SCW ☐ HSSG ☐ IOP	☐ KIDS + FAMILIES ☐ MOH ☐ MHRT	☑ NSW AMBULANCE

DEDUCTION FROM PAY FORM

Employees are to complete this form if you wish to add, amend or cease deductions from your pay

Assignment Number									-		

Reset Form

Surname		**Given Name (s)**	
Position Number		**Position Title**	
Contact Phone Number			

Add / Amend/ Cease	Deduction Name	Effective From (DD/MM/YYY)	Effective to (DD/MMM/YY)	Amount (Weekly) $	Reference Number/Name (if Required)
Add	ANZCP			$5.00	

Comments:	

Employees Signature		**Date (DD/MMM/YY)**	

Please follow your internal Health Entity procedures to forward forms

All internal procedures including necessary approval and sign off must be completed before forwarding this form to HealthShare NSW.

HealthShare NSW contact details are as follows:

	Email:	Fax:
Service Centre Westmead	hsnsw-payrollwestmead@health.nsw.gov.au	(02) 8797 6900
Ministry of Health ONLY	hsnsw-payrollmohwestmead@health.nsw.gov.au	(02) 8848 5192
Executive ONLY	hsnsw-mohexecutives@health.nsw.gov.au	(02) 8848 5193

Please note: It is the responsibility of the Health Entity to make sure that all internal Health Entity procedures have been followed before this form is forwarded to HealthShare NSW.