

AUTHORITY TO CHANGE PAYROLL DEDUCTIONS

CATEGORY (Please tick)		
<input type="checkbox"/> Public Service	<input type="checkbox"/> QFRS	<input type="checkbox"/> QAS

EMPLOYEE DETAILS

Surname	Employee ID	
Given		
Residential or Address		
Work	Phone (work)	

CHANGE TO PAYROLL DEDUCTION

	DEDUCTION NAME	DEDUCTION AMOUNT	DATE OF CHANGE
OLD DEDUCTION			
NEW DEDUCTION			

CHANGE TO PAYROLL DEDUCTION

	DEDUCTION NAME	DEDUCTION AMOUNT	DATE OF CHANGE
OLD DEDUCTION			
NEW DEDUCTION			

CHANGE TO PAYROLL DEDUCTION

	DEDUCTION NAME	DEDUCTION AMOUNT	DATE OF CHANGE
OLD DEDUCTION			
NEW DEDUCTION			

CHANGE TO PAYROLL DEDUCTION

	DEDUCTION NAME	DEDUCTION AMOUNT	DATE OF CHANGE
OLD DEDUCTION			
NEW DEDUCTION			

EMPLOYEES'S AUTHORISATION OF CHANGES

Signature: _____ Date: / /

The Department of Community Safety is collecting the information on this form for the following purposes:

- To ensure the Department maintains accurate and correct personnel and employment details.
- To ensure the Department maintains accurate employee payroll records and processes.
- For the Department to discharge its legislative, accountability, administrative, reporting, management, personnel and financial functions.

Collection of this information is authorised/required by the Industrial Relations Act 1999 and the Public Service Act 2008.

The Department of Community Safety usually gives some or all of this information to the Shared Service Agency.

For further information about privacy and other uses and disclosures of your personal information, refer to the Department's Privacy Plan as amended from time to time, available on the Department's website.

OFFICE USE ONLY			
Processed by:	Date:	Checked by:	Date: