



D9 GENERAL DEDUCTION / CANCELLATION FORM

000009288

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

Forward to HSS Payroll by **FAX**.

* Denotes a mandatory field.

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

(A) HEALTH SERVICE / AGENCY : *

_____ ***Site Abbreviation:** _____

(B) CURRENT DETAILS :

*Employee Number: _____ *Family Name: _____

*Given Name(s): _____

*Department: _____

(C) DEDUCTION DETAILS :

Deduction Option: Add Amend Cease Deduction Name: _____

Other Deduction: _____

New Value: \$ _____ per wk Old Value: (if applicable) \$ _____ per wk ***Date Effective:** _____

D D M M Y Y Y Y

Are there any arrears owing on this deduction? Yes No If Yes, arrears to be deducted: \$ _____ per wk

Are you owed a reimbursement? Yes No If Yes, total amount due to you: \$ _____

If value is based on a percentage, please provide details:

(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

Please return this form to HSS Payroll. FAX to 6444 5899

(E) PAYROLL SERVICES :

HRIS Code: _____ Amount: \$ _____

*Officer Name: _____ *Telephone/Ext: _____ *Signature: _____ *Date: _____

D D M M Y Y Y Y

***** 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 HEALTH SERVICE
DENTAL HEALTH SERVICES
DEPARTMENT OF HEALTH - DIRECTOR GENERAL DIVISION
DGD HEALTH METRO
EM OFFICE OF THE CHIEF EXECUTIVE
FIONA STANLEY HOSPITAL
FREMANTLE HOSPITAL AND HEALTH SERVICE
GRAYLANDS HOSPITAL
HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE
HEALTH SUPPORT SERVICES
IMAGING WEST
KALAMUNDA HEALTH SERVICE
MENTAL HEALTH COMMISSION
NM OFFICE OF THE CHIEF EXECUTIVE
PATHWEST LABORATORY MEDICINE WA
PEEL AND ROCKINGHAM KWINANA HEALTH SERVICE
ROYAL PERTH HOSPITAL
ROYAL PERTH REHABILITATION HOSPITAL
SELBY LEMNOS GROUP
SIR CHARLES GAIRDNER AND OSBORNE PARK HOSPITALS
SM OFFICE OF THE CHIEF EXECUTIVE
SOUTH METROPOLITAN AREA MENTAL HEALTH SERVICE
SWANS HEALTH SERVICE
WACHS - CENTRAL OFFICE
WACHS - GOLDFIELDS
WACHS - GREAT SOUTHERN
WACHS - KIMBERLEY
WACHS - MIDWEST
WACHS - PILBARA
WACHS - SOUTH WEST
WACHS - WHEATBELT
WOMEN AND NEWBORN HEALTH SERVICE

Site Abbreviation

AHS
BHS
CAHS
DHS
RSD
DGD
EMHS
FSH
FHHS
NMAMHS
OHR
HHS
IMWEST
KHS
MHC
NMAMHS
PLMWA
PRKHS
RPH
RPH
NMAMHS
SCGH
SMAHS
SMAMHS
SKHS
WACHSAO
WACHSGF
WACHSGS
WACHSKR
WACHSMW
WACHSPR
WACHSSW
WACHSWB
WNHS