# PAY DEDUCTION EMPLOYEE NOTICE

Employee Name: _____ Surname: _____

Facility: _____ Cadre: _____

**DETAILS WHY PAY IS DEDUCTED:**

**Pay Date:** _____/_____/_____

**Number of Hours:** _____

**Further Instruction:**

_____
_____
_____
_____

**REASON/S:**

_____
_____
_____
_____
_____

**AUTHORIZATION:**

AGENCY HEALTH DIRECTOR OFFICIAL STAMP & DATE

Attn:

❑ HR MANAGEMENT & PAY OFFICE – ACTION THE INSTRUCTION.

Copy – STAFF RESPONSIBLE: _____

OIC: _____ COORDINATOR: _____