

Workplace Giving Payroll Deduction Form

Cairns and Hinterland Hospital and Health Service

Privacy Disclaimer:

Personal information collected by the Cairns Hospital and Hinterland Health Service (CHHHS) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the CHHHS (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

Instructions in completing this form:

This deduction form applies to workplace giving payroll deductions made to the Far North Queensland Hospital Foundation only.

Employee Details

Person ID: _____

Personal Assignment Number

Please indicate (✓) here if you work in more than one position in QLD Health.

Family Name: _____

Given Name(s): _____

Contact telephone number: _____

Preferred email address _____

Deduction Details

Please ensure nominated payment start date occurs 2 weeks after submission of this form to Payroll Services Cairns. Deductions can only occur fortnightly from wages after tax.

Create Cease Modify

FNQHF contact code: (to be completed by FNQHF only)

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Charity Name:

Far North Queensland Hospital Foundation

Fortnightly Deduction amount:

\$ _____

Deduction Frequency:

Minimum \$2/fortnight

Ongoing fortnightly payments

Payment Date (for one-time payments only)

Payment Start Date (for multiple payments)

Payment End Date

Consent

By signing this form, I consent for Cairns and Hinterland Hospital and Health Service to provide the following information to the Far North Queensland Hospital Foundation for the purposes of sending an End of Financial Year donation receipt to me, and to keep me informed of news and promotions relating to the Far North Queensland Hospital Foundation:

- Full name
- Home address
- Preferred email address
- Amount of donation

Employee Signature

I hereby authorise the above deduction to the nominated charity to occur on the date and frequency specified above. While not all deductions are tax-deductible, I hereby acknowledge that it is my responsibility to consult with a financial adviser regarding the tax implications of all donations that I have authorised.

I further authorise Payroll Services to amend the arrangements for the processing of payroll deductions and nominated fixed deposit amounts from my fortnightly salary and wage payments in accordance with my instructions above. Further, I acknowledge and accept responsibility for any consequences arising if any of the nominated deductions are unable to be made due to insufficient net pay in any of the nominated engagements.

Employee's Signature

Date



Email this form to fundraising@fnqhf.org.au once it has been completed.



Queensland Government