



THE UNIVERSITY
OF THE
WEST INDIES

UWI-Mona Salary Relief Staff Deduction Form

DESCRIPTION: This form is used to authorize personal voluntary salary deduction.

Instructions: Please return the completed form to the UWI Payroll Section.

EMPLOYEE'S INFORMATION	
Employee Name	Employee ID #
Department	
Percentage/ Amount (\$) to be Deducted from Net Salary	
Effective Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)
AUTHORIZATION	
Until further notice, I hereby authorize the UWI Payroll section to enforce the instructions set out above.	
Employee Signature	Date (DD/MM/YYYY)
By completing this form the employee agrees to surrender the amount stipulated above to The UWI-Mona Campus.	