



To: HR Services
Student & Staff Services Division

AUTHORITY TO DEDUCT CAR PARKING FEE FOR PARKING AT MONASH MEDICAL CENTRE

Name		Title	
Department		SAP ID No.	
Employment Type (Please select one of the following)			
<p><input type="checkbox"/> I am currently employed at full time fraction. Please deduct \$22.00 from my salary each fortnight or any amount which may be fixed from time to time, being for car parking fee and remit to Monash Medical Centre.</p> <p><input type="checkbox"/> I am currently employed part time at _____ fraction of full time (please state your current fraction eg. 0.5 fraction of full time). A pro-rata amount will be calculated by HR Services and deducted from my salary each fortnight based on my current fraction of full time or any amount which may be fixed from time to time, being for car parking fee and remit to Monash Medical Centre.</p>			

I understand that if this fee changes as a result of a change to my work fraction, it is my responsibility to notify HR Services in writing.

This authority is to remain in effect until cancelled by me in writing or when contract terminates.

This Deduction to commence from: _____
(Date)

Staff member's signature: _____ Date: _____