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## EMPLOYEE DEDUCTION ADVICE

Manager – PARS  
 Department of Education  
 PO Box 446,  
 WAIGANI  
 NCD

Employee File No:

School Code:

First Name: \_\_\_\_\_

School: \_\_\_\_\_

Last Name: \_\_\_\_\_

Province: \_\_\_\_\_

I hereby authorized you to deduct from my salary the amount of K \_\_\_\_\_ for the period of \_\_\_\_\_ consecutive fortnights and remit to **HANDY FINANCE LTD.**

In the event of my leave, suspension, termination or default, I authorized you to deduct and forward a lump sum deduction from my leave entitlements or any accrued entitlements to pay up to the amount owned to **HANDY FINANCE** including all penalties.

**This authority is irrevocable and shall remain in force and effect without any variation until the loan is fully paid.**

DEDUCTION CODE	Description	A/U/D	Amount Per Fortnight	Total Amount
DHAND	HANDY FINANCE		K	K

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

### EDUCATION DEPARTMENT USE ONLY

Received BY: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered By: \_\_\_\_\_

Date Commence Deduction: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Cease Deduction: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Checked By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_