Queensland	Please forward to your Payroll Service Centre as soon as possible.															n your pay. Account	
EMPLOYEE DETAILS: Employee	Title	: (eg l	Mr/Mi	rs/Ms	/Miss/Dr)	Surname: G				iven Names:							
Number: Date of Birth: /	/ Position					n Titl	o.				Position Location:				Location Code:		
							<u> </u>								Location oode.		
DEDUCTION DETAILS:																	
Branch BSB Code: (must be 6 Digits)	Accou Numbe (maximum 9						s)			Account Name:		Name of Bank:	Fortnight effective:		Amount:	Details eg. Increase \$; Cancel Deduction; New Deduction:	
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Company eg. Union; Private Health; Charities; Post tax voluntary Super:							Amo	ount	t:		uction to cea	se / commence:		Details eg. Increase \$; Cancel Deduction; New Deduction:			
QASEL 882 Professional Association															New Deduction		
EMPLOYEE CERTIFICATION: PRIVACY: The Department of Education, Training and Employment is collecting, using and storing your personal information in accordance with the <i>Information Privacy Act 2009</i> as part of ongoing payroll administration, including the facilitation of payments and entitlements. This information will only be accessed by authorised employees within the department. The information provided may be disclosed to third parties without your consent. Third parties include Government Superannuation Office, Australian Taxation Office, Queensland College of Teachers, State, Federal and Local Government agencies, Industrial organisations and other entities in accordance with or where requested by law or industrial agreements. Your personal information will not be disclosed to any other party without your consent, unless authorised or required by law.																	
						ee's Signature:					ſ				1	I	
PROCESSING UNIT USE ONLY:	E Date Processed:				1		Ι		Fortnight End Date: /			1					
	Initials:										Verified By:						

Last Updated 15-11-2012