

Employee Details

Name	_____
Staff ID	_____

Deduction Details

Please select from the drop down list below:

Deduction Type	_____		
Start Date of Deductions	_____	No. of Deductions	_____
Total Amount to be Deducted	_____	Frequency	_____

Notes

Travel Saver Deduction

Please provide a copy of receipt to enable us to verify payment and ensure correct deductions.

Cycle to Work Deduction

Please provide a copy of receipt to enable us to verify payment and ensure correct deductions.

Union Deductions

These are notified directly to the Payroll Office and this form is not required.

Please contact your union directly for any changes to union deductions.

KSA / Arena Memberships

These are aligned to the academic year and need to be renewed annually on 1st September.

Deduction Rates

Please see <http://finance.mtu.ie/deductions> for current rates

Approval

Employee	_____	Date	_____
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