



Research & Education Foundation

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SALARY DEDUCTION FORM FOR

**Research & Education Foundation
Sligo General Hospital
Reg. Charity No. CHY 10293**

Name: _____

Work Title: _____

Work Address: Sligo General Hospital

Employee No.: _____ (to be completed by Salary Dept)

Pay Group: _____ (to be completed by Salary Dept)

I authorise the HSE West to deduct on my behalf the amount of €____ per month from _____ (month) 1st 2009 and made payable to the **Research & Education Foundation**, Sligo General Hospital.

Signature