



Winchester Business Centre, 15 Hope Road Kingston 10  
Tel 920-0030-33 Fax 968-6627

### Teachers Salary Deduction

Name of Employee: \_\_\_\_\_ Teacher # \_\_\_\_\_

School Name \_\_\_\_\_ Sch. # \_\_\_\_\_ Parish/Region \_\_\_\_\_

Please deduct from my salary the sum of \_\_\_\_\_

(\$ \_\_\_\_\_) effective \_\_\_\_\_ and make payments to Orion Insurance

Brokers Limited. *This authorization shall remain in place and may be cancelled only upon instructions from myself and*

*/ or Orion Insurance Brokers. Please indicate: Paid by: Ministry \_\_\_\_\_ Bursar \_\_\_\_\_*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Approval



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### Salary Deduction Authorization

Name of Employee: \_\_\_\_\_ Emp. # \_\_\_\_\_

School Name \_\_\_\_\_ Sch # \_\_\_\_\_ Parish/Region \_\_\_\_\_

Please deduct from my salary the sum of \_\_\_\_\_

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\_\_\_\_\_  
Signature of Employee & Date

\_\_\_\_\_  
Employer's Approval