



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD & TOBAGO, WEST INDIES

SALARY DEDUCTION FOR THE ADOPT-A-STUDENT PROGRAMME

To: Campus Bursar

Subject: SALARY DEDUCTION FORM FOR THE ADOPT-A-STUDENT PROGRAMME

Please deduct from my salary the sum of

per month:

UNTIL OTHERWISE INFORMED

OR

FOR THE PERIOD

FROM:

DD/MM/YYYY

TO:

DD/MM/YYYY

NAME

STAFF ID

DEPARTMENT

CATEGORY

SIGNATURE

DATE

*Note: Please forward your completed slip to Ms. Kristy Mannette-Smith, Manager - Financial Advisory Services Department, Division of Student Services and Development, 1st Floor Lloyd Braithwaite Building
Or send via e-mail to financial.advisory@sta.uwi.edu*

For Official Use ONLY

Manager, Financial Advisory Services

Date