

Northern Territory Government employee payroll deduction form

This form is for Northern Territory Government employees to arrange rent deductions from their wages.

You will need to return the completed form to your Housing Officer. This completed form will then be sent onto your relevant payroll team.

You are required to provide your AGS number on this form to ensure correct deduction.

Employee details

NT Government (AGS) number			
NT Government Department			
Client TMS account number			
Title (please circle)	Mr / Mrs / Miss / Ms / Other	Date of birth	
Family name			
Given names			
Residential or community address			
Phone number		Other contact	

Deduction request

Change New Cease

Fortnightly deduction effective from:

Your next available payment date

OR Future payment date of: ____ / ____ / 20__

Deduction description	
Rent / Maintenance levy	\$
Rent arrears	\$
Bond	\$
Bond assistance	\$
Ceased accounts	\$
Excess water	\$
Maintenance	\$

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Statement of privacy

The Department of Local Government, Housing and Community Development only collects personal information which is necessary for the performance of its operations and provision of services. If you do not provide the information requested, we may not be able to assist you. The department will not release your personal information to a third party without your consent or unless it is required or authorised by law in accordance with the provisions of the *Information Act* (NT) and Information Privacy Principles at schedule two. You have a right to access and correct any information held relating to you by the department.

If you have any queries or concerns about how your personal information is collected and used, please contact the Governance and Information Management Unit on 08 8999 8490, email Infoact.DHCD@nt.gov.au or write to GPO Box 4621, Darwin NT 0801.

Employee declaration

I, (full name) _____

- Authorise the details in this form to be sent to the relevant payroll section of the NT Government.
- Wish to commence my rent and/or any other deductions outlined in this form from my regular income.
- Understand my personal information will be treated in a confidential manner in accordance with the Information Privacy Principles at schedule two of the *Information Act* (NT).
- Understand my information will only be disclosed between my employing department and the Department of Local Government, Housing and Community Development I have nominated on the front of this form.
- Am able to access and correct any information held about me.
- Can withdraw this deduction in writing at any time.

Signature		Date	
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OFFICE USE ONLY – DLGHCD staff to complete			
Please tick relevant RM code below			
<input type="checkbox"/> RM0617 (Remote Community Housing)	<input type="checkbox"/> RM9065 (Public Housing)		
<input type="checkbox"/> RM0615 (Government Employee Housing)	<input type="checkbox"/> RM0011 (Address - Private Head Leasing)		
<input type="checkbox"/> Private Head Leasing (Salary Sacrifice) NEPTER	<input type="checkbox"/> Other, please identify RM code:		
Group number		TRM number	
DLGHCD staff name			
DLGHCD contact number		Date sent to Payroll	

OFFICE USE ONLY – DLGHCD staff to complete			
Group number		TRM number	
DLGHCD staff name			
DLGHCD contact number		Date sent to employer	