

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 8 Staff Fund Deduction Acknowledgement Form
CMHO Standard(s):
Approved: Page 1 of 1

Appendix 8 STAFF FUND DEDUCTION ACKNOWLEDGEMENT FORM

Staff's Name:

I hereby acknowledge that I am aware of the intent of the staff fund operated by St. Leonard's Community Services and authorize a \$0.25 deduction per day based on eight hours worked.

Signed:

Date: