



# AMACHEWESPIMAWIN FIRST NATION

Lac La Ronge Indian Band- Amachewespimawin First Nation

Box 190/220, Stanley Mission, SK S0J 2P0

Business: (306) 635-2115, Fax: (306) 635-2265

**TO:** Gordon Hardlotte

**From:** \_\_\_\_\_

**RE:** A/R

Please issue an A/R cheque to \_\_\_\_\_

for the amount of \_\_\_\_\_ for \_\_\_\_\_.

Deductions will begin on next regular pay period.

I am aware and authorize that repayment of this A/R will be deducted from my pay cheques until it is paid off or by March 31st of the current fiscal year. In the event that I leave my employment, I authorize the remainder owing on the A/R to be deducted from-any salary or vacation pay due to me.

I also authorize that an additional 10%, \_\_\_\_\_, be deducted from my pay cheque for interest/administration fees.

\_\_\_\_\_/\_\_\_\_\_  
(total) (# pay periods) = \_\_\_\_\_per pay period

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Employee)

\_\_\_\_\_  
(Signature of Payroll)

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Signature of Supervisor)