



STAFF LOTTERY WITHDRAWAL FORM

University Hospitals Kingston Foundation
55 Rideau Street, Ste. 4, Kingston, Ontario K7K 2Z8
Ph: 613-549-5452 Fax 613-549-5455
www.uhkf.ca ~ Email: foundation@uhkf.ca
Charitable Registration Number #820218147RR0001

I, _____ (please print) wish to have my name removed from the Staff Lottery Program. I understand that the cancellation could take up to 30 days to be processed. I also understand that I cannot rejoin the employee lottery for **ONE FULL YEAR**.

Name: (please print): _____

Employer: _____ Employee Number: _____

Lottery Ticket Number: _____

E-mail address: _____

Home address: Street: _____

City: _____ Postal Code: _____

Work address: Unit: _____

Telephone Number: (Work): _____ (Home): _____

Signature: _____ Date: _____
D/ M /Y

Witness: _____ Date: _____
D/ M /Y

OFFICE USE:

Date form received: ____ / ____ / ____

Date copy is sent to Payroll: ____ / ____ / ____

Date of last draw: ____ / ____ / ____

Date form filed: ____ / ____ / ____

Removal code applied: ____ / ____ / ____ Removal code applied by: _____

UHKF Staff signature: _____

Please return completed form to the University Hospitals Kingston Foundation.
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