Staff Lottery Cancellation Form

This form is intended for those who wish to withdraw from the staff lottery. In turn, deductions will cease from the salary and number withdrawn from the draw.

Full Name :					
Department :					
Job title :					
Email address :					
Work address :					
Contact number (work) :			Contact number (personal)	:	
Trust employed by - please circle one	ELHT	ELFS	Mersey Care	LCT	Future Directions
Assignment number (ESR):					
National insurance number :					
Reason for cancellation :					
Signed			Dated		

Your cancellation request must be completed and returned by scanning and emailing to stafflottery@elht.nhs.uk or completing and posting to the address below.









OFFICE USE ONLY

APPLICATION	
Date application received:	
Date processed:	
Month of commencement:	
Date input on lotto man:	
Date email sent to confirm	
entry and numbers:	
Numbers allocated:	

CANCELLATION				
Date cancellation received:				
Date processed:				
Month deductions stop:				
Date made inactive on lotto man:				
Date email sent to				
confirm cancellation:				
Notes:				

