



**STAFF TAKE HOME LAY-BY WARNING**

Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_

Your Take Home Lay-by No \_\_\_\_\_ for \$ \_\_\_\_\_ has exceeded the allowed 30 days.

Please arrange to pay this overdue amount by \_\_\_\_\_

Please see your Manager ASAP if you have any questions.

Signed \_\_\_\_\_



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