



**HUMAN RESOURCES
EXAMINATION PAYMENTS**

SECTION 1 -

Employee ID Surname

Given Names Title

Date of Birth (dd/mm/yy) Sex (tick one) male female Home Phone No.

Postal Address (for group certificates, etc)

Postcode

Is an Employment Declaration Form attached? (tick one) Yes No already submitted

Note: The maximum rate of tax will apply unless a Tax Employment Declaration form has been lodged.

Is this person an Australian or New Zealand Citizen or Permanent Resident? (tick one) Yes No if no, give details of eligibility to work in Australia (Visa type and class eg Temp class)

Class of Visa

Signature of Employee

Date (dd/mm/yy)

CERTIFICATION BY AUTHORISED DEPARTMENTAL OFFICER

Position Account

The part-time appointment is hereby authorised and I certify that:

- i. sufficient funds are available in the account specified to cover the authorisation.
- ii. the part-time appointee is to be paid in accordance with the details indicated on the schedule,
- iii. should the appointee not work in accordance with the schedule details, that I undertake to obtain a refund or make appropriate requests in writing to adjust the subsequent fortnight payment.

Period: From (dd/mm/yy) To (dd/mm/yy)

Earnings Code	Description	Rate	No. of Hours Worked	TOTAL AMOUNT

Signature of Authorised Officer

Date (dd/mm/yy)

Name of Contact for Enquiries

Ext.