

SALARY SACRIFICING APPLICATION FORM – CHILD CARE FEES



Complete and return to HR Client Services, Office of Human Resources, Building AE, Werrington North

Employee No: _____ Title: _____

Surname: _____ First Name: _____

School/Unit: _____

College/Division: _____

I would like to salary sacrifice the following Child Care options:

Djalaringi, Penrith _____ days per week for _____ child/ren @ \$ _____ per fortnight

Authorised by: _____ (Director)

UNique Kids, Campbelltown _____ days per week for _____ child/ren @ \$ _____ per fortnight

Authorised by: _____ (Director)

Hawkesbury Campus _____ days per week for _____ child/ren @ \$ _____ per fortnight

Authorised by: _____ (Director)

Nirimba, Blacktown _____ days per week for _____ child/ren @ \$ _____ per fortnight

Authorised by: _____ (Director)

EMPLOYEE DECLARATION

I acknowledge that I have sought, or had the opportunity to seek financial advice prior to entering into this salary sacrificing agreement. I have read the University's Salary Sacrificing Guidelines and the terms and conditions of it's suppliers and agree to adhere to these terms and conditions.

I acknowledge that I am not in receipt of Commonwealth Child Care Benefit.

I will notify the Office of Human Resources of any changes to my salary sacrifice and will not hold the University of Western Sydney liable for any loss associated with salary packaging by me.

I acknowledge if I cease permanent or fixed term employment with the University of Western Sydney that I will be responsible for all outstanding payments relating to my salary package.

I understand those costs associated with salary sacrificing will be charged to my salary package.

Full Name (please print): _____

Signature: _____ Date: _____