

Casual Employees Salary Packaging Form

+ Please complete this form if you are a casual employee wishing to salary package.

We'd love to hear from you

If you have a question about this form, or any of your salary packaging benefits:

- 1300 402 523
- nswhealth@salarypackagingplus.com.au
- www.salarypackagingplus.com.au
- PO Box 7066, Melbourne VIC 3004

Personal Details

Employee Name			
Employer		Payroll ID	
Email		Mobile No.	

Employer Details

Department / Cost centre			
Manager's Name			
Manager's contact number			
Average Hours worked per fortnight over past 3 months			

Declaration of Manager

I confirm that the employee above is employed on a casual basis and expects to work a minimum of [] hours per fortnight and I expect this to continue for the next [] fortnights, or, [] the foreseeable future.

Manager's signature	[]	Date	[]
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Employee statement

By signing this form, I declare that:

- I have attached copies of my 6 most recent payslips to support this declaration and for use in establishing an annualised salary.
- I agree with the calculated annualised salary of \$ [] (SalaryPackagingPLUS use only)
- I acknowledge this salary will be used to calculate the employer share of tax savings associated with my salary packaging.
- I acknowledge that I will advise SalaryPackagingPLUS of any changes to my work pattern that may require this amount to be recalculated. Failure to do so may reduce my cash salary by the amount of approved benefits to be packaged.

Repeat instances may result in ineligibility to salary package as a casual employee.

Employee signature	[]	Date	[]
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