



STAFF DETAILS

Name _____ Staff No. _____
Section _____

I wish to salary package **WORK RELATED SELF EDUCATION** expenses

Charles Sturt University Course (not already paid)

Course: _____

Fee (exclude items not eligible for salary packaging \$ _____
for example, student activity fees)

Deduction amount per pay \$ _____
(Minimum deduction \$100 per pay)

Course at other institution
OR CSU course already paid

Institution: _____

Course: _____

Fee : (exclude items not eligible for salary packaging \$ _____
For example, student activity fees)

Have you applied for a staff discount for these fees? _____

I claim reimbursement for eligible item expenses paid.

Equivalent transactions to commence in next available pay period

PRIVACY

The personal information you provide on this form is protected by the *Privacy and Personal Information Protection Act 1998 (NSW)*. You are required to provide this information to commence the deduction as Authorised. Access to the information you provide is available to yourself, and those person authorised to access the information in the course of their duties to the University. This form will be retained by the Division of Financial Services. Further details regarding access and notations to personal are set out in the University's policy "*Access to Personal Files*"

TERMS AND CONDITIONS

- I declare that I have been provided with and read the *Guidelines for the Charles Sturt University Voluntary Salary Packaging Scheme* and have sought, or had the opportunity to seek, independent financial planning advice on the benefits (or otherwise) of my participation in the Charles Sturt University Voluntary Salary Packaging Scheme.
- I agree to comply with all of the provisions and conditions of the *Guidelines for the Charles Sturt University Voluntary Salary Packaging Scheme* as they apply to my participation in the Scheme. I acknowledge that I am responsible for payment of all fees, charges and taxes that may be incurred by me in my participation in the Scheme.
- I acknowledge and understand that Charles Sturt University expressly disclaims all and any liability and responsibility in respect of anything done or omitted to be done (or the consequences thereof) by myself in reliance upon the whole or any part of the information provided by Charles Sturt University in regard to my participation in the Charles Sturt University Voluntary Salary Packaging Scheme.
- Where an expense has been paid by me, I understand I will be reimbursed through the pay system into my normal bank account in the next available pay period after the expense is approved by the Division of Financial Services, and an equivalent Pre tax payroll deduction to repay the purchase cost of the expense will occur on the next available pay period.
- For Courses paid by instalment, any outstanding balance on termination will be recouped from POST tax pay
- Any staff discount or refund will be adjusted through post tax pay.

Staff Member _____ Date _____



Name _____ Staff No. _____

Checklist

1. Read conditions of Charles Sturt University Voluntary Salary Packaging Scheme
2. Expense has been paid, receipt attached (where applicable)
3. Valid tax invoice provides adequate description of the expense and GST component
4. For unpaid CSU courses, a statement is attached
5. Salary Packaging agreement completed
6. FBT Expense Declaration attached

Salary packaging agreements will not commence until all documentation is completed.

Please forward all completed documentation (including this form) to: The Remuneration Officer
Payroll Office
CSU Wagga

(FINANCIAL SERVICES USE ONLY)

In Staff Members Name Eligible non HECS course Salary Packaging Agreement Attached
Original, valid tax invoice Employee Status Amount Agrees to Invoice

Accounts Receivable

The above staff member has met all requirements to enter into a salary packaging arrangement for work related self education as per:

CSU Course Fees paid * CSU Course fees via instalment plan *
Amount: \$ _____ Instalment amount \$ _____
Date paid: _____ Commence _____
Instalment plan entered _____

***Please enter note on student account: Any discount or refund to be adjusted through Payroll – no refund to be issued without Remuneration Officer authorisation**



**APPROVED FORMAT FOR FRINGE BENEFIT TAX
RESIDUAL FRINGE BENEFIT
RECURRING BENEFIT DECLARATION**

Page 3 of 3

Submit completed form with salary packaging agreement

1. DECLARATION BY APPLICANT

I, _____ declare that **THE COST OR PART COST OF TUITION** was provided to me by or on behalf of my employer during the period:

Start Date _____ **End Date** _____

and that the benefit was used by me for the following purpose(s):

SELF-EDUCATION WHICH IS REQUIRED TO EARN A TAXABLE INCOME.

I also declare that had I purchased the service or privilege, etc for its market value, I would have been entitled to claim an income tax deduction equal to 100% of the purchase price.

I understand that this declaration is to apply to the above stated benefit and to any identical benefit for a period up to 5 years from the date of this declaration or until the stated percentage incurred in earning my assessable income decreases by more than 10 percentage points. This declaration will also be revoked if another recurring residual fringe benefit declaration is provided in respect of a subsequent identical benefit.

Signature _____ */ /*
Employee _____ *Date*

Note Identical benefits are ones which are the same in all respects except for any differences that are minimal or insignificant, or that relate to the value of the benefits, or that relate to a change in the deductible proportion of 10 percentage points or less.