



**Salary Packaging Agreement
and Authority
In-House Benefits**

STAFF DETAILS

Name _____ Staff No. _____

Section _____

I wish to salary package **IN-HOUSE BENEFITS** as attached

TOTAL COST \$ _____

- (a) Each claim must be a minimum of \$100.00
- (b) Claims must not exceed \$1000.00 per FBT year (1 April – 31 March)
- (c) Claims are by reimbursement of expenses paid
- (d) Original receipts with staff number as reference are to be attached to claim

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.
- The expense is incurred in my name. It has been paid as per the original receipt attached.
- 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. (for reimbursement claims)
- One Pre tax payroll deductions to repay the purchase cost of the expense will occur on the next available pay period.

Staff Member _____ Date _____

(FINANCIAL SERVICES USE ONLY)

Employee Status Confirmed _____ Code 5IHB Entered _____ Date _____