

Employee Information

Employee Number

Name

Position Title

Payment Option

Please indicate your preferred option:

- Option A** - Pay as you Work
- Option B** - Annualised Salary

Employee Authorisation

I acknowledge I have read the [fact sheet](#) and understand the payment options being offered.

I understand that once I have chosen a payment option, this cannot be changed or altered until four (4) weeks prior to start of the attendance period next year.

Signature_____
Date**HR Use Only** Option A - Nil HPE'd Option B - NAP leave entitlement set up (FL603). Effective:

Processed By:

 Option B - Email to Payroll: Deduction period to commence: