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| unisa-new-portrait-blue | AGREEMENT TO SALARY SACRIFICE RELOCATION EXPENSES |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1: EMPLOYEE DETAILS** | | | |
| Employee ID *(essential)* | |  | |
| Family Name | |  | |
| Given Names | |  | |
| Unit/Area | |  | |
|  | |  | |
| **Section 2: CLAIM DETAILS** | | | |
| Item: | | | |
|  | | | |
|  | | | |
| **GST exclusive $** | **GST $** | | **Total $** |

**Important:** Please complete appendix 1 if claiming temporary accommodation for a period of over 4 months & appendix 2 if claiming transport relocation expenses by private vehicle.

**NOTE: A VALID TAX INVOICE & PROOF OF PAYMENT MUST BE ATTACHED**

In requesting that the item(s) stated in Section 2 be salary sacrificed, I acknowledge that:

* 1. I have read and understood the University’s Salary Sacrifice Guidelines and Conditions and agree to abide by the provisions contained therein, which may be varied from time to time.
  2. I declare that the item(s) I have requested to be reimbursed as part of a salary sacrifice arrangement meet the criteria of either an exempt or otherwise deductible item as per the Fringe Benefits Act (FBTAA).
  3. The University accepts no liability should I incur additional income tax or other costs now or in the future as a result of this salary sacrifice arrangement.
  4. In the event of any Fringe Benefit Tax liability or penalties incurred by the University as a result of this salary sacrifice arrangement I agree to reimburse the University the full cost of these charges.
  5. If my employment terminates before the full amount is able to be salary sacrificed, any outstanding amount will not be processed.
  6. I confirm that I have satisfied myself as to the appropriateness of the benefits selected above and accept that it is my decision alone as to whether those benefits are suitable to my personal situation.
  7. The University has advised me that I should seek independent financial advice before proceeding with any salary sacrificing arrangement and the University accepts no liability should I fail to seek financial advice and/or for any financial advice that I have independently sought.
  8. An administration fee will be charged for salary sacrificing the above item/s.

|  |  |
| --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: / / |  |

Please forward form, original tax invoice and proof of payment to [salarysacrifice@unisa.edu.au](mailto:salarysacrifice@unisa.edu.au)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OFFICE USE ONLY | | | | | |
| Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Dated: / / | | |
| Pay Period Ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Sal Sac Other | db38 | $ | Sal Sac Other | db38 | $ |
| Sal Sac Reimburse | da40 | **-**$ (neg) | Sal Sac Reimburse | da40 | **-**$ (neg) |
| Admin Fee Sal Sac | db40 | $ | Admin Fee Sal Sac | db40 | $ |

**APPENDIX 1**

*The following declaration* ***must*** *be completed when salary sacrificing the cost of temporary accommodation for a period of over four months - Please refer to section 4 of the Guidelines on Salary Sacrificing Relocation Expenses for further clarification.*

**DECLARATION FOR TEMPORARY ACCOMMODATION RELATING TO RELOCATION**

**NOTE:** You **MUST** complete Sections A and D, **PLUS** either Section B or C

**SECTION A:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare that for the purpose of commencing employment with

(name)

(name of employer)

At

(locality/address of employer)

I commenced sustained efforts to acquire a long term place of residence on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_\_\_; and (date search-period commenced)

**Complete either Section B or Section C, whichever is applicable, where a period in excess of four months has elapsed since the search commenced)**

**SECTION B: [If the employee did not have a proprietary interest in their former residence]**

*(Where the unit of accommodation is occupied on a date subsequent to completion of the initial four month search period but prior to six months after commencement of the initial search period)*

I entered into a contract to permanently occupy a unit of accommodation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_\_\_\_ (date);

and commenced occupation (on a date subsequent to the completion of the initial four month search period but prior to six months after the commencement of the initial search period) of the unit of accommodation on \_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ (date); or

*(Where the employee is unable to locate a suitable permanent unit of accommodation after six months from the commencement of the initial search period);*

As at \_\_\_\_\_\_\_\_ 20\_\_\_\_\_ despite sustained efforts, (date six months from the commencement of the initial search period) I have been unable to locate a suitable permanent unit of accommodation;

**OR**

**SECTION C: [If the employee held a proprietary interest in their former residence]**

I entered into a contract to sell my former residence on \_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ and;

(date within six months of the commencement of the initial search-period)

Either; (indicate whichever is appropriate)

□ commenced occupation of a unit of accommodation on \_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_(date) which I intend to occupy as my new long term residence; **OR**

□despite sustained efforts, I have been unable to locate suitable long term accommodation within a period of 12 months from when my initial search commenced.

**SECTION D:**

Temporary accommodation at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                                                                   (address)

was required for the period \_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ *(date)* to \_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ *(date)* solely because I was required to change my usual place of residence in order to perform the duties of my employment.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPENDIX 2

*The following declaration* ***must*** *be completed when salary sacrificing the cost of transport when relocating by private vehicle - Please refer to section 4 of the Guidelines on Salary Sacrificing Relocation Expenses for further clarification.*

**RELOCATION TRANSPORT DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that,

for the purposes of relocating my place of residence to take up appointment at UniSA,

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state who travelled, eg self, self and a family member)*

travelled in my car from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *(state place of departure)*

to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_ 20\_\_\_\_\_  
*(destination)*

The car is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(state make and model of car and whether rotary engine or not)*

with an engine capacity (in cubic centimetres) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The total number of kilometres travelled in the car between the places of departure and destination was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and the number of family members (apart from myself) travelling in the car was \_\_\_\_\_\_\_\_\_\_\_.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_