

SALARY SACRIFICE APPLICATION FORM – CHILD CARE FEES

Please complete and return this form to HR Operations, via email humanresources@westernsydney.edu.au

Employee No: _____ **Title:** _____

Surname: _____ **First Name:** _____

School/Unit: _____

Division: _____

I would like to salary sacrifice the following Child Care options:

Campus *(please tick)*

Bankstown	Blacktown	Campbelltown	Hawkesbury	Parramatta	Penrith
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Days per week *(please circle)*

1	2	3	4	5
---	---	---	---	---

Number of Children *(please circle)*

1	2	3	4	5
---	---	---	---	---

Total amount per fortnight:

\$ _____

Authorised by *(Director):*

Name: _____ **Signature:** _____

(Please print)

Employee Declaration

- I acknowledge that I have sought, or had the opportunity to seek financial advice prior to entering into this salary sacrificing agreement. I have read the University’s Salary Sacrificing Guidelines and the terms and conditions of its suppliers and agree to adhere to these terms and conditions.
- I acknowledge that it is my responsibility to determine whether I am eligible for the Child Care Subsidy (CCS).
- I will notify the Office of Human Resources of any changes to my salary sacrifice and will not hold the University liable for any loss associated with salary packaging by me.
- I acknowledge that if I cease permanent or fixed-term employment with the University that I will be responsible for all outstanding payments relating to my salary package.
- I understand those costs associated with salary sacrificing will be charged to my salary package.

Full Name: _____
(please print)

Signature: _____ Date: _____