

Salary Packaging Agreement and Authority Relocation Expenses

STAFF DETAILS

Name _____ Staff No. _____

Section _____

I wish to salary package **RELOCATION EXPENSES** relating to the following items. A valid tax invoice and receipt showing payment and specifying the item purchased must be attached to this form before salary packaging can be processed.

▫ Expenses relating to removal, sale or acquisition of dwelling* \$ _____

**If claiming expenses for a home purchase at my new locality, I have provided evidence to show that my former residence has been sold.*

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.
- I declare that the expense is incurred in my name and is wholly in relation to relocation due to accepting employment with Charles Sturt University.
- I declare that I owned a home at my former locality and the sale or purchase was made solely because I was required to relocate to undertake permanent employment with CSU.
- When claiming expenses for the purchase of a new property, I have provided evidence relating to the sale of my property at my former residence. Claims for home purchase cannot be processed until the property at the former residence has been sold.
- The new premises to which this claim applies will be my normal place of residence.
- I declare that I will not claim these expenses as part of my tax return.
- **I declare that I have not received any form of reimbursement from the University for these expenses (ie as part of relocation expenses paid by Human Resources)**
- 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.

Staff Member _____ Date _____

(FINANCIAL SERVICES USE ONLY)

Original Receipt Valid Benefit In Staff Members Name

Salary Package (5RELO) \$ _____ Entered _____

Reimburse (6REIM) \$ - _____ Entered _____

**EXPENSE PAYMENT
BENEFIT DECLARATION****DECLARATION BY APPLICANT**

I, _____ declare that Relocation Expenses were incurred by me directly relating to accepting a permanent appointment with Charles Sturt University. I have been required to relocate solely due to accepting employment with the University.

If I owned a home at my previous locality I have sold this dwelling and have provided evidence to prove that it has been sold.

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. 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.