

Date paid	Unique Identifier	WAAMS ID (single claims)	Received
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OFFICE USE ONLY



Australian Government
**Department of Education, Employment
and Workplace Relations**



Wage Assistance Claim for Payment and Tax Invoice

This Claim must be lodged within 28 days of the completion of the 13 or 26 week period for which you are claiming. Through submitting this form the employer declares that to the best of its knowledge, the details provided are true and accurate. DEEWR may contact the employer after submission requesting that the employer provide payroll advice for the whole claim period.

The Department of Education, Employment and Workplace Relations collects the personal information provided on this form in order to facilitate the Wage Assistance Program. The personal information you provide will be used for:

- *assessing your eligibility to be granted Wage Assistance for which you have applied;*
- *other purposes relating to the administration of Wage Assistance, for example, to evaluate, monitor and conduct research relating to Indigenous Australian employment;*
- *Reporting to parliamentary enquiries, Senate Estimates Committees and to meet departmental reporting requirements relating to Commonwealth Grants.*

The personal information collected on this form may also be given to Job Network members, Centrelink and Commonwealth Development Employment Project (CDEP) providers in the delivery of employment and related services in connection with the Wage Assistance Program.

Please make sure that the information on this claim form is true and correct, signed by employer and employee(s), and return via:

Fax: (02) 6276 9617, or

**Post: Wage Assistance
Indigenous Employment Program Branch
Department of Education, Employment and Workplace Relations
GPO Box 9879
Canberra City ACT 2600**

Employer Information

1 Employer's trading name

2 ABN (must be supplied)

3 Postal address

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Suburb

State **Postcode**

The Department may contact your business in regards to this claim form. Who is the person the Department should contact?

4 Mr Ms Mrs Miss

Name

Position

Telephone number

Mobile telephone number

Facsimile number

Email address

Employer's declaration

I declare that to the best of my knowledge the details given in this form are true and complete.

Signature of employer or authorised representative

Date

Printed name

Payment Information

5 Bank details for direct credit payment.

Wage Assistance is paid only by DIRECT CREDIT. It is VERY IMPORTANT that you supply us with the correct details below. Payment to your account will be delayed if the details are incorrect.

Full name of the account

Bank name and branch

Bank/Branch (BSB) Code Number

Account Number

For claims with multiple employees, please photocopy this page and complete for each employee. Bulk Wage Assistance claims can be submitted as one document. There is no need to complete the first two pages for each employee.

Employee Information

Employee (WAAMS ID – office use only)

A) Full name

B) Date of Birth

C) Job Seeker ID

D) Is the position permanent full-time or part-time?

E) Have the hours changed since your application for Wage Assistance was approved? No Yes
If the hours have changed please complete the following information.

Hours per week now worked Date working hours were changed

F) What is the **TOTAL GROSS** amount you have paid the employee (including tax and super etc) over the period you are claiming for?

G) What is the period you are claiming for?
 13 weeks 26 weeks another period because the employee is no longer working for you

If the employee has left, what was the date the employee last worked for you?

Why is the employee no longer employed by you?

Tick ONE only

- Employee has gone to other employment
- Employee has returned to study
- Employee has moved away
- Not enough work
- Unsatisfactory performance
- Not suited to the job
- Other/ not known

H) How many days **unpaid** leave has the employee had – other than rostered or scheduled days off?¹

I) Has the employee received any workers compensation payments while either being on leave or at work?
 No Yes

If yes, what date did the Workers compensation Start:

Finish:

J) Is this position a part of the Australian Employment Covenant? No Yes

Employee's declaration

I declare that to the best of my knowledge the details given in this form are true and complete and I have not been receiving the full rate of any Centrelink income support benefit or CDEP wages since I started work.

Signature of employee

Date

Printed name

¹ If the employee has taken more than 5 days unpaid leave, your subsidy will be reduced by \$33.85 per day for a full-time position or \$16.92 for a part-time position for each day of unpaid leave after the 5th day.