

## Personal Details

**1** Employee Name:

Employee:  Payroll Number:

Telephone (H):

### Notes:

1. Attach copy of your recent payslip. This form cannot be processed without your payslip
2. Complete the details, relevant to you.
3. Lump sum maternity leave cannot be packaged.
4. If you are taking a lump sum payment please advise the date so we can cease your package prior to this.
5. An alteration fee may apply
6. Fax to 02 8026 8375

## Account Details

**2** I am taking maternity leave from:  Until:  at:  Half Pay  
 Full Pay

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I am taking annual / long service leave:  Until:  at:  Half Pay  
 Full Pay

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I am taking a leave without pay  Until:   Half Pay  
 Full Pay

I would like to compress my packaging to maximum amount  YES  NO

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I plan to return to work on   Full Time  
 Part Time

**3** Employee Signature:

Date: