

# Relocation Expenses Application Form

## Discover your Employee Benefits

- + Use this form if you wish to apply for the relocation expenses benefit as a result of relocating for your employment.
- + This benefit is subject to your employer's approval.

## Get in Touch

### We'd love to hear from you

If you have a question about this form, or any of your Salary Packaging Employee Benefits:

- 1300 402 523
- nswhealth@salarypackagingplus.com.au
- www.salarypackagingplus.com.au
- PO Box 7066, Melbourne VIC 3004

## Your Details

Please complete all applicable fields. Please ensure to provide a home contact in case your circumstances change.

Title	<input type="text"/>	Legal Name	<input type="text"/>							
Gender	<input type="text"/>	Date of Birth	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
Payroll ID	<input type="text"/>		Preferred Name	<input type="text"/>						
Employer	<input type="text"/>									
Facility/Hospital	<input type="text"/>			Pay Cycle Name (if known)	<input type="text"/>					
Employment Status	<input type="checkbox"/> Full/Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Fixed Term Contract and End Date	<input type="text"/>						
Current Address	<input type="text" value="street address"/>									
	<input type="text" value="suburb"/>			<input type="text" value="state"/>	<input type="text" value="postcode"/>					
Previous Address (prior to transfer)	<input type="text" value="street address"/>									
	<input type="text" value="suburb"/>			<input type="text" value="state"/>	<input type="text" value="postcode"/>					
Primary Email	<input type="text"/>			Secondary Email	<input type="text"/>					
Home Phone	<input type="text"/>			Mobile	<input type="text"/>					
Work Phone	<input type="text"/>									
Are you a Staff Specialist?	<input type="checkbox"/> Yes	Have you salary packaged at any other NSW Health agency since April 1?		<input type="checkbox"/> Yes. Specify where	<input type="text"/>					
	<input type="checkbox"/> No			<input type="checkbox"/> No						

Offer of employment dated

Employment/Transfer commenced

Copy of employment offer/contract attached

Expenses relating to sale of house at the below address:			Date of sale
<input type="text"/>			<input type="text"/>
Type	Supplier	Amount	Details (attach tax invoices/receipts)
Advertising	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Agents commission	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Legal fees	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mortgage discharge fees	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Expenses relating to removal at the below address:			
<input type="text"/>			
Type	Supplier	Amount	Details (attach tax invoices/receipts)
Removal expenses	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Travel expenses	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Expenses relating to temporary rental at the below address:			
<input type="text"/>			
Type	Supplier	Amount	Details (attach tax invoices/receipts)
Rent	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Utility connection	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Expenses relating to purchase of house at the below address:			Date of purchase
Type	Supplier	Amount	Details (attach tax invoices/receipts)
Stamp duty			<input type="checkbox"/>
Borrowing expenses			<input type="checkbox"/>
Legal fees			<input type="checkbox"/>
Inspections			<input type="checkbox"/>
Utility connection			<input type="checkbox"/>
<b>TOTAL BENEFIT</b>		\$	

### Employee Declaration

Please attach all supporting documentation. Your package will not commence until all documentation is received. Please complete the Temporary Rental Accommodation Declaration over the page if applicable.

**I declare that:**

- I have genuinely relocated as a result of my employment with \_\_\_\_\_ (specify LHD)
- I have read and understood the conditions relating to the Relocation Expenses benefit
- I am claiming only for expenses incurred personally by me
- I have not included any expenses for which I have been or will be reimbursed by my employer or any other third party

I have read and agree to the Privacy Policy which can be found at <http://www.salarypackagingplus.com.au/privacy>

Signed  Date

**SalaryPackagingPLUS use only**

Authorised on behalf of NSW Health by:

Signature  Date   
 Print Name

## Temporary accommodation relating to relocation ATO declaration

- + **Section A** and **D** of the form must be completed plus either of **Sections B** and **C**
- + 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 A

I,  declare that for the purpose of commencing employment with  
 at

I commenced sustained efforts to acquire a long term place of residence on

### 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   
 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

————— **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  despite sustained efforts, I have been unable to locate a suitable permanent unit of accommodation

### Section C

If the employee held a proprietary interest in their former residence:

I entered into a contract to sell my former residence on  and  
 Either (indicate whichever is appropriate):

commenced occupation of a unit of accommodation on  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   
 was required for the period  to   
 solely because I was required to change my usual place of residence in order to perform the duties of my employment.

Signed  Date