# SALARY SACRIFICE AGREEMENT

# VOLUNTARY PRE-TAX CONTRIBUTIONS INTO SUPERANNUATION

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| --- | --- | --- | --- |
| **Full Name** | Click or tap here to enter text. | **Staff No.** | Click here to enter text. |
| **School/Centre** | Click or tap here to enter text. | **Phone No.** | Click here to enter text. |
| **Contract Type** | Ongoing  Fixed Term  **Please note:** Casual Staff must complete the [Salary Sacrifice Agreement Casual Employees](https://edithcowan.service-now.com/kiosk?id=sc_category&sys_id=bf55018d2be6560069903cec17da15e4&catalog_id=-1) available from the DCS Kiosk – Payroll. | | |

PLEASE SELECT **ONE** OF THE FOLLOWING OPTIONS:

|  |  |
| --- | --- |
|  | **COMMENCE**  Commencing pay period Click or tap to enter a date., I wish to commence a regular pre-tax voluntary superannuation contribution of a:   * Fixed amount: $ Click or tap here to enter text. per pay period **OR** * Percentage of salary: Click or tap here to enter text.% of my salary per pay period. |
|  | **CHANGE**  Commencing pay period Click or tap to enter a date., I wish to change my regular pre-tax voluntary superannuation contribution to a:   * Fixed amount: $ Click or tap here to enter text. per pay period **OR** * Percentage of salary: Click or tap here to enter text.% of my salary per pay period. |
|  | **CANCEL**  I wish to cancel my existing regular pre-tax voluntary contribution as of pay period ending Enter a date. |
| **Please note: You cannot salary sacrifice past earnings.**  **The Salary Sacrifice Agreement must be signed and dated prior to the commencement of the pay period.** | |

**Employee Declaration**

I acknowledge and agree that:

* the information provided is complete and correct;
* the change to my contributions is governed by the terms and conditions of my superfund and I am aware of how those terms and conditions apply to the change made under this Salary Sacrifice Agreement;
* by implementing the change requested, the University is not liable for any loss or damage whatsoever arising out of, or in connection with the change made to my contributions; and
* I should seek professional advice (If I need assistance) on how the change to my contributions relates to my circumstances.

If commencing or changing my contributions:

* I consent to my salary sacrifice contributions being deducted, via payroll deductions, before tax.
* I accept in signing this agreement, that once the funds have been disbursed to my super fund the payment can not be reversed.

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**Employee signature** **Date**

**Please send completed form to Payroll Services –** [**payroll@ecu.edu.au**](mailto:payroll@ecu.edu.au)