



If you have temporarily relocated from your previous residence in order to undertake an Outside Study Program (OSP) as part of your employment at the University, you **may** be eligible to salary package a Living Away from Home Allowance (LAFHA).

This checklist will assist in determining your eligibility.

Definitions:

- **Previous place of residence** or **Home** is your former place of residence where you resided immediately prior to the OSP.
- **Temporary place of residence** is the rental property which you occupy whilst undertaking the OSP.

SECTION 1 – STAFF MEMBER'S DETAILS

Family Name						Given Name(s)					
Personnel Number											Contact Tel. No _____

SECTION 2 – LIVING AWAY FROM HOME CHECKLIST

Please complete the following questions by indicating Yes or No

1.	<p>Are you on an Outside Study Program (OSP) for fixed term period no more than 2 years?</p> <p><i>If the answer is Yes, continue to question 2.</i></p> <p><i>If the answer is No, you are not eligible for a LAFHA. Proceed to the end of this section and select NOT ELIGIBLE</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<p>Are you renting a place as a temporary residence closer to the OSP?</p> <p><i>If the answer is Yes, continue to question 3.</i></p> <p><i>If the answer is No, you are not eligible for a LAFHA. Proceed to the end of this section and select NOT ELIGIBLE</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	<p>Is the distance between your home and temporary residence at least 75km?</p> <p><i>If the answer is Yes, proceed to question 4.</i></p> <p><i>If the answer is No, you are not eligible for a LAFHA. Proceed to the end of this section and select NOT ELIGIBLE</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	<p>Do you own the home at your previous place of residence?</p> <p><i>If the answer is Yes, continue to question 5.</i></p> <p><i>If the answer is No, proceed to question 6.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	<p>Are you maintaining the home at your previous place of residence?</p> <p>eg: The previous home has been leased out and you are currently receiving rental income from the lease.</p> <p><i>If the answer is Yes, you are eligible for a LAFHA. Proceed to the end of this section and select ELIGIBLE.</i></p> <p><i>If the answer is No, you are not eligible for a LAFHA.</i></p> <p><i>However, if you can provide compelling evidence to indicate your intention to return to the locality of your previous home, continue to question 6. Alternately, proceed to the end of this section and select NOT ELIGIBLE</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6.	<p>Have you maintained business and social ties in the locality of your previous place of residence?</p> <p>NB. In a situation where your former home has been disposed of, significant ties to the former locality must have been maintained in order to answer Yes to this question.</p> <p><i>If you answered Yes, please indicate the relevant type of business or social ties below</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p><input type="checkbox"/> Bank account</p> <p><input type="checkbox"/> Various assets – e.g. Investments, Recreational assets such as boat and mooring. If other, please specify _____</p> <p><input type="checkbox"/> Memberships – e.g. Sporting clubs, Professional Associations etc. If other, please specify, _____</p> <p><input type="checkbox"/> Some family members have remained at the previous location</p> <p><input type="checkbox"/> Business ties (please specify) _____</p> <p><input type="checkbox"/> Social ties (please specify) _____</p> <p><i>Proceed to the end of this section and select ELIGIBLE</i></p>		

<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE
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If **ELIGIBLE**, complete Sections 3, 4 and 5 on the next page and return to HR Operations for assessment

SECTION 3 – ADDITIONAL INFORMATION FOR CALCULATING LAFHA		
To assist in calculating the value of the accommodation and food component of the LAFHA, please provide the following information:		
Accommodation component (please indicate)	<input type="checkbox"/> Single	<input type="checkbox"/> Family
Food component (please specify)	_____ No. of Adults	_____ No. of children*
No. of days living away from home; and No. of days living at home (<i>approximate days per fortnight</i>)	_____ No. Days away	_____ No. Days at Home
*For LAFHA purposes, a “child” is defined as under 12 years of age at the commencement of the annual date of calculation (ie. 1 April)		

SECTION 4 – DECLARATION BY STAFF MEMBER	
<p>1. I declare that I have completed the above checklist and the responses above are true and a correct reflection of my current circumstances.</p> <p>2. I acknowledge that completion of the above checklist does not automatically entitle me to a LAFHA arrangement.</p> <p>3. I acknowledge that the University has advised me to seek independent financial advice before considering this offer to enter into a salary packaging arrangement for a LAFHA.</p> <p>4. I acknowledge that the University will charge an administration fee of \$20.00 per fortnight in accordance with the salary packaging policy for the provision of this non standard benefit and this fee will be deducted as appropriate.</p> <p>5. I understand that if my circumstances change such that I no longer qualify as living away from home according to the above checklist, I must notify HR Operations immediately and any salary packaging arrangement for a LAFHA will cease.</p>	
Staff member’s signature	Date ___ / ___ / _____

Name (PRINT)	Faculty/Division
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SECTION 5 – CONFIRMATION BY SUPERVISOR

I acknowledge that this checklist has been completed in accordance with the Department's understanding of the circumstances of the above named employee.

Supervisor's signature	Date ___ / ___ / _____
Supervisor's Name	Contact Tel. No: _____
Position	Faculty/Division

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Approved		Rejected	
Checked by		Date	___ / ___ / _____
Forward Salary Packaging Form	Yes	No	Date Sent ___ / ___ / _____

FAXED OR SCANNED COPIES OF THIS FORM WILL BE ACCEPTED

For assistance, please contact Chandra Yellapragada on ext 29585

Please return completed checklist to:

Chandra Yellapragada, HR Operations, Monash HR, Monash University VIC 3800

Monash HR privacy collection statement is located at

<http://privacy.monash.edu/guidelines/collection-personal-information.html#hr>