

# SALARY PACKAGING APPLICATION – CHILD CARE FEES

- I hereby request Monash University to consider decreasing my gross salary to provide child care services, at the childcare facility nominated below, through deductions from my gross salary on a fortnightly basis.
- I have read and understood the university's Salary Packaging Manual and agree to abide by the provisions in Workplace Policies and Procedures (WPP) which may be varied from time to time. The salary packaging manual is located at [adm.monash.edu.au/workplace-policy/remuneration/packaging/procedure/](http://adm.monash.edu.au/workplace-policy/remuneration/packaging/procedure/)

SECTION 1 – STAFF MEMBER'S DETAILS (To be completed by staff member)	
Family Name	Given Name(s)
Personnel Number	Date of Birth ___ / ___ / _____
Faculty/Division	Contact Tel. No _____
Organisational Unit	Campus
<ul style="list-style-type: none"> <li><b>Total fortnightly child care fee to be packaged* \$</b>.....  <i>*This amount should exclude any amount of child care benefit payable directly to the child care centre and any amount of the child care fee which the employee does not wish to salary package.</i></li> <li><b>I would like to request that this salary packaging arrangement take effect from</b> ___ / ___ / _____  <i>Salary packaging arrangements can only apply prospectively (ie cannot be backdated) and will commence from the first day of a pay fortnight. Please note this is a preferred date only and packaging may commence after this date. If your application is approved, you will receive written confirmation of your commencement date.</i></li> </ul>	

SECTION 2 – CHILD CARE CENTRE'S DETAILS (To be completed by child care centre)	
<b>Please tick name of child care service:</b>	
<input type="checkbox"/> Monash Caulfield Child Care Association Inc. (4554)	<input type="checkbox"/> Monash Peninsula Child Care Incorporated (4555)
<input type="checkbox"/> Monash Children's Centre (Clayton) Co-Op Ltd. (4553)	<input type="checkbox"/> Pooh Corner (Gippsland) (4550)
<input type="checkbox"/> Monash Community Family Co-Op Ltd.(Clayton) (4551)	<input type="checkbox"/> SWICH Child Care Centre (Clayton) (4552)
<input type="checkbox"/> Elwyn Morey Centre (Clayton) (4549)	
<b>Name(s) of staff member's child(ren) attending centre (Please print in BLOCK LETTERS)</b>	
1.	2.
3.	4.
<b>Total fortnightly fee payable by staff member to be packaged* \$</b> ..... <i>*This amount should exclude any amount of child care benefit payable directly to the child care centre and any amount of the child care fee which the employee does not wish to salary package.</i>	

SECTION 3 – CHILD CARE CENTRE'S SIGNATURE (To be signed by child care centre)	
Signature	Please print name
Position title	Date ___ / ___ / _____

**SECTION 4 – DECLARATION BY STAFF MEMBER (To be completed by staff member)**

Salary packaging child care fees may affect your entitlement to receive child care benefits from the Family Assistance Office. You should contact the Family Assistance Office to determine your Child Care Benefit entitlement.

1. I acknowledge that if I require additional child care on an ad hoc basis, the cost of the additional hours of care cannot be included in this salary packaging arrangement. I also recognise that in the event that the child care centre's fees increase, or if I discontinue my use of the centre, or I choose to vary my attendance hours on a permanent basis, I will need to request an adjustment to my salary packaging arrangements.
2. I acknowledge that my request to package child care fees is in no way binding on Monash University.
3. I note that the university makes an annual administration charge in respect of the benefits provided which will be deducted fortnightly and I agree to pay this charge as varied by the university from time to time.
4. I understand that if approved, the date of commencement of salary packaging arrangements will be advised in the Salary Packaging Application Confirmation.
5. I acknowledge that should I wish to change or cease my salary packaging arrangements, I will notify HR Operations, Human Resources Division, in writing.
6. I acknowledge and agree that the university has advised me to seek independent financial advice before considering the university's offer to enter into this salary packaging arrangement.
7. I acknowledge that I have read and understood the preceding information.

<b>Staff member's signature</b>	<b>Date:</b> ___ / ___ / _____
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<b>FOR HR OPERATIONS OFFICE USE ONLY</b>	
Entered by	Date ___ / ___ / _____
Checked by	Pay Period
<b>FAXED COPIES OF THIS FORM WILL BE ACCEPTED 9902 9530</b>	

**For assistance please contact HR Enquiries on 9902 0400**

Please return completed form to HR Operations, Monash HR, Monash University VIC 3800

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