

# SALARY SACRIFICING APPLICATION – CHILD CARE FEES

1. I request University of Auckland to decrease my gross salary to provide child care services, at the childcare facility nominated below, through deductions from my gross salary on a fortnightly basis.
2. I have read and understood the University's Information Pack on Salary Sacrificing.

<b>SECTION 1 – STAFF MEMBER'S DETAILS (to be completed by staff member)</b>			
Family Name:		Given Name(s):	
Staff ID			
Faculty/Division :		Contact Tel. No:	
Total <b>fortnightly</b> child care fee to be packaged* \$		<b>Yearly amount:</b> \$	
Crèche Applicable:			
I would like to request that this salary package arrangement take effective from first date of new pay period starting:		Date:	
		<b>(1<sup>st</sup> deduction to be done on)</b>	
<p><small>* Salary packaging arrangements can only apply prospectively (i.e. cannot be backdated) and will commence from the first day of a pay fortnight. <b>Please note this is a preferred date only and packaging may commence after this date.</b> If your application is approved, you will receive written confirmation of your commencement date.</small></p>			

<b>SECTION 2 – DECLARATION BY STAFF MEMBER (to be completed by staff member)</b>	
<p>Salary sacrificing child care fees may affect your entitlement to receive child care benefits from Work and Income. You should contact their office for clarification if this is relevant.</p>	
<ol style="list-style-type: none"> <li>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 sacrificing 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 sacrificing arrangements.</li> <li>2. I acknowledge that my request to sacrifice child care fees is in no way binding on the University of Auckland.</li> <li>3. I understand that if approved, the date of commencement of salary packaging arrangements will be advised in the Salary Packaging Application Confirmation. I understand that the duration of this application is for one year from commencement.</li> <li>4. I acknowledge that should I wish to change or cease my salary packaging arrangements, I will notify the Staff Service Centre, in writing.</li> <li>5. 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 sacrificing arrangement.</li> <li>6. I acknowledge that I have read and understood the preceding information.</li> </ol>	
Staff Member's Signature: *	Date: * ___ / ___ / _____

**SECTION 3 – CHILD CARE CENTRE'S DETAILS (to be completed by ECE Centre)**

Please tick name of child care service:

- |   |  |
|---|--|
| <input type="checkbox"/> Alten Road ECE Centre      | <input type="checkbox"/> Hineteiwaiwa Te Kohanga Reo |
| <input type="checkbox"/> Symonds St ECE Centre      | <input type="checkbox"/> Te Puna Kohungahunga        |
| <input type="checkbox"/> Te Ako o Te Tui ECE Centre | <input type="checkbox"/> Epsom Ave ECE Centre        |

Name(s) of staff member's child(ren) attending centre and date of birth (Please print in BLOCK LETTERS)

Name Child:	Date of Birth	Fortnightly Fee (based on 50 weeks)	Yearly Fee (based on 50 weeks)
1.		\$	\$
2.		\$	\$
3.		\$	\$

Total Fortnightly Fee payable by staff member: \$

Total Yearly Fee payable by staff member: \$

**SECTION 4 – ECE CENTRE'S SIGNATURE (to be signed by child care centre)**

Signature:	Please print name:
Position title:	Date:

**FOR HR OFFICE USE ONLY**

Entered by:	Date ___ / ___ / _____
Checked by:	Pay Period:

**Calculation over 50 Weeks**

(As UoA is closed over Christmas/New Year for 2 weeks and these 2 weeks are not charged for)

Child 1			Child 2			Child 3		
Weekly \$		From Timetable; Weekly fee	Weekly \$		From Timetable; Weekly fee	Weekly \$		From Timetable; Weekly fee
Fortnightly \$ 50 weeks (Invoiced)		Weekly x 2 weeks	Fortnightly \$ 50 weeks (Invoiced)		Weekly x 2 weeks	Fortnightly \$ 50 weeks (Invoiced)		Weekly x 2 weeks
Yearly (Invoiced)		Fortnightly x 25 weeks	Yearly (Invoiced)		Fortnightly x 25 weeks	Yearly (Invoiced)		Fortnightly x 25 weeks
Fortnightly \$ 52 weeks (Payments)		Yearly / 365 days x 14 days	Fortnightly \$ 52 weeks (Payments)		Yearly / 365 days x 14 days	Fortnightly \$ 52 weeks (Payments)		Yearly / 365 days x 14 days
<b>Total for all Children</b>	<b>Yearly (Invoiced)</b>		<b>Fortnightly (Payments)</b>					

**For assistance please contact the Staff Service Centre on 86000**

Please return completed form to HR, Level 7, 49 Symonds Street

Last updated: 21.8.2019