

PLEASE COMPLETE AND FORWARD TO:
Human Resources Branch, University Operations

This form is used to pay existing fixed-term or continuing academic staff from consulting funds. All payments will be made net of any applicable Superannuation Guarantee (SG) contribution and relevant costs, e.g., payroll tax and work cover deductions. Payment of \$5,000 and above must be approved by the relevant Executive Dean. Such funds can only be sacrificed to superannuation if this sacrifice was elected prior to the work being performed.

DETAILS (PLEASE USE BLOCK LETTERS)

Staff ID: _____ School/Branch: Work phone:

Title: Family name: Given names (in full):

CONSULTING DETAILS (ALL INFORMATION IS REQUIRED)

Description of consulting activity:

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Period of c. ~~12~~