

**DECLARATION OF WAGES CERTIFICATE  
(To be completed by the employer)**



Name of employee

Home address of employee   
Post Code

Employed by

Employment commenced on

Current gross (before tax) weekly wage earnings of the worker \$

Amount of Fringe Benefits per week \$

What is the Fringe Benefit?

Number of days lost without pay

Employment during the past 12 weeks

Pay period start		Pay period end
/ /		/ /

Gross (before tax) salary/wages as Stated for the above period Including Salary Sacrifices or Fringe Benefits \$

Amount of Salary Sacrifice per week \$

What is the Salary Sacrifice?

State the amount of monetary reimbursement for any travel expense incurred by the employee during the past 12 weeks, if any \$

DECLARATION	
I do declare that these details are correct	<input type="text" value="Company"/>
<input type="text" value="Signature"/>	<input type="text" value="Date / /"/>
<input type="text" value="Name"/>	Affix Company Seal Here
<input type="text" value="Position"/>	

- Do not use white out on this form
- Any changes must be initialled by the employer