



## AGREEMENT TO SALARY SACRIFICE AN ELIGIBLE ITEM

Section 1: EMPLOYEE DETAILS	
Employee ID (essential)	
Family Name	
Given Names	
Unit/Area	

Section 2: CLAIM DETAILS		
Item:		
Does this claim include a GST component?	Yes	No
GST exclusive	GST	Total

**NOTE: A VALID TAX INVOICE & PROOF OF PAYMENT MUST BE ATTACHED TO THIS FORM.**

In requesting that the item(s) stated in Section 2 be salary sacrificed, I acknowledge that:

- I have read and understood the University's Salary Sacrifice Guidelines and Conditions and agree to abide by the provisions contained therein, which may be varied from time to time.
- I declare that the item(s) I have requested to be reimbursed as part of a salary sacrifice arrangement meet the criteria of either an exempt or otherwise deductible item as per the Fringe Benefits Act (FBTAA).  
**IMPORTANT: Please complete declaration on page 2 when claiming for managing tax affairs & membership fees for a work-related professional association.**
- The University accepts no liability should I incur additional income tax or other costs now or in the future as a result of this salary sacrifice arrangement.
- In the event of any Fringe Benefit Tax liability or penalties incurred by the University as a result of this salary sacrifice arrangement I agree to reimburse the University the full cost of these charges.
- If my employment terminates before the full amount is able to be salary sacrificed, any outstanding amount will not be processed.
- I confirm that I have satisfied myself as to the appropriateness of the benefits selected above and accept that it is my decision alone as to whether those benefits are suitable to my personal situation.
- The University has advised me that I should seek independent financial advice before proceeding with any salary sacrificing arrangement and the University accepts no liability should I fail to seek financial advice and/or for any financial advice that I have independently sought.
- An administration fee will be charged for salary sacrificing the above item/s.

Signature: \_\_\_\_\_

Dated:     /     /

Please email this form, original tax invoice and proof of payment to [salariesacrifice@unisa.edu.au](mailto:salariesacrifice@unisa.edu.au)

OFFICE USE ONLY					
Approved _____			Dated: _____		
Pay Period Ending _____			From _____ to _____		
Sal Sac Other	db38		Sal Sac Other	db38	
Sal Sac Reimburse	da40	(neg)	Sal Sac Reimburse	da40	(neg)
Admin Fee Sal Sac	db40		Admin Fee Sal Sac	db40	

**Declaration for the cost in managing tax affairs**

The following declaration must be completed and submitted on each occasion that a salary sacrifice claim is made for the cost in managing tax affairs.

<p>I, _____  <div style="text-align: center;">(Staff member name)</div> <p>Declare that the items claimed in section 2 were services provided to me for tax services from a registered tax agent listed on the Tax Practitioners Board's Tax and BAS Agent register (<a href="http://www.tpb.gov.au/tpb/agent_register.aspx">http://www.tpb.gov.au/tpb/agent_register.aspx</a>) or a legal practitioner and that I have attached evidence of this fact.</p> <p>I also declare that, the items claimed in section 2 were provided to me by or on behalf of my employer during the period from _____ to _____ and I incurred the expenses for the purpose of earning my assessable income.</p> <p>I also declare that, I would have been entitled to an income tax deduction for _____ of the value of the benefit.</p> <p>Staff member's signature: _____ Dated:    /    /</p> </p>
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**Declaration for membership fees for a work-related professional association**

The following declaration must be completed and submitted on each occasion that a salary sacrifice claim is made for the cost of membership fees for a work-related professional association.

<p>I, _____  <div style="text-align: center;">(Staff member name)</div> <p>Declare that items claimed in section 2 were provided to me by or on behalf of my employer during the period from _____ to _____ and I incurred the expenses for the purpose of earning my assessable income. Please provide sufficient information to demonstrate this:</p> <p>_____</p> <p>I also declare that, I would have been entitled to an income tax deduction for _____ of the value of the benefit.</p> <p>I understand that any work expenses reimbursed by my employer are not deductible in my personal income tax return.</p> <p>Staff member's signature: _____ Dated:    /    /</p> </p>
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