



APPLICATION TO SALARY SACRIFICE A PORTABLE ELECTRONIC DEVICE

Section 1: EMPLOYEE DETAILS

Employee ID (essential)	
Family Name	
Given Names	
Unit/Area	

Section 2: CLAIM DETAILS

Item:		
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:

1. 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.
2. I declare that the item(s) I have requested to be reimbursed as part of a salary sacrifice arrangement have been acquired primarily for use in my employment at the University of South Australia.

IMPORTANT: Please complete declaration on page 2 when claiming a portable electronic device

3. I confirm that I have not been reimbursed for a similar item in the current FBT year (1 April to 31 March) or that the item is a replacement for an item that has been lost, destroyed or in need of replacement due to developments in technology.
4. 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.
5. 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.
6. 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.
7. An administration fee will be charged for salary sacrificing the above item/s.
8. If my employment terminates before the full amount is able to be salary sacrificed, any outstanding amount will not be processed.
9. 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.
10. I agree to use the item in compliance with the University's IT and other related policies.

Signature: _____

Dated: _____

Please email this form, original tax invoice and proof of payment to 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 A PORTABLE ELECTRONIC DEVICE

Section 1 and 2 of the following declaration must be completed and submitted on each occasion that a salary sacrifice claim is made for a **portable electronic device** i.e. (laptop, iPad etc.). The declarations will assist the University in determining if the purchase is 'primarily for use in the staff member's employment' at UniSA as per ATO criteria.

The University has the final discretion to decline any request where it is determined that the device is not being provided primarily for business use.

Please complete the following questions in as much detail as possible to assist in determining approval.

Section 3: STAFF MEMBER'S DECLARATION

I, _____ (Staff member name)

Declare that the items claimed in section 2 are primarily for work-related use and state the following:

1. *The reason the item(s) are being requested i.e. travel between campuses, time away from desk etc.*

2. *The type of work performed by the item(s) i.e. preparing resources, meetings, lectures etc.*

3. *How the use of the item(s) relates to your employment (see note below*) i.e. after hours work, how laptop relates to your employment duties – research, administration etc.*

4. *Do you have a substantially similar portable electronic device provided for work-related purposes by UniSA? If yes, please provide details below (note that this will normally preclude you from sacrificing a similar item)*

Staff member's Signature:

***Note:** *if the portable electronic device is to be used for **study purposes only** please attach a copy of the approved study release form HR-8.1 and/or details of the study to be undertaken and how it relates to your current employment. Individual claims must be reviewed and approved by the University Tax Accountant on a case by case basis **before purchasing**.*

Section 4: SUPERVISOR'S CONFIRMATION

I, _____
(Supervisor name)

Declare, that the statements made by the staff member in section one above are correct and confirm that the items claimed are provided primarily for use in the staff member's employment.

Supervisor's Signature:

Supervisor's Position:

Section 5: UNIVERSITY TAXATION ACCOUNTANT DECLARATION

The above request to salary sacrifice a portable electronic device has been reviewed and I am satisfied that the item meets the criteria of being 'primarily for use in the staff members employment' at UniSA.

Name

Signature

(Signed on behalf of the University by the Tax Accountant)