



AGREEMENT TO SALARY SACRIFICE RELOCATION EXPENSES

Section 1: EMPLOYEE DETAILS

Employee ID (<i>essential</i>)	
Employee Name	

Section 2: CLAIM DETAILS

I am claiming the following:

- Temporary Accommodation for a period over 4 months (Complete Appendix 1)
- Transport Relocation Expenses by private vehicle (Complete Appendix 2)
- Other Relocation Expense detailed below:

GST Exclusive

GST

Total

I have read and agree to the following conditions:

- 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).
- 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 not claimed reimbursement of these expenses through another process.
- I declare that the information provided on the attached declaration(s) is true and correct.

Signature

Please submit this form and a copy of the tax invoice and proof of payment via the AskPTC Enquiry form ([link](#)).

OFFICE USE ONLY

Admin Fee (db40)	\$10 + \$5/fn	GST Exclusive Amount (db38)		GST Inclusive Amount (da40)	
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APPENDIX 1

TEMPORARY ACCOMMODATION RELATING TO RELOCATION DECLARATION



Sections A and D of the form must be completed, plus either of Sections B and C

SECTION A

I, _____ (Name), declare that for the purpose of commencing employment with the University of South Australia (Employer) at xxxxxxxxxxxxxxxx _____ (Location).

I commenced sustained efforts to acquire a long term place of residence on _____ (Date search-period commenced);



Complete either Section B or Section C, whichever is applicable, where a period in excess of four months has elapsed since the search commenced)

SECTION B

If the employee did not have a proprietary interest in their former residence

Where the unit of accommodation is occupied on a date subsequent to completion of the initial four month search period but prior to six months after commencement of the initial search period:

I entered into a contract to permanently occupy a unit of accommodation on:

and commenced occupation (on a date subsequent to the completion of the initial four month search period but prior to six months after the commencement of the initial search period) of the unit of accommodation on:

OR Where the employee is unable to locate a suitable permanent unit of accommodation after six months from the commencement of the initial search period:

Despite sustained efforts as at

(date six months from the commencement of the initial search period)

I have been unable to locate a suitable permanent unit of accommodation

SECTION C

If the employee held a proprietary interest in their former residence

I entered into a contract to sell my former residence on:

(date within six months of the commencement of the initial search-period)

Either (complete whichever is appropriate):

commenced occupation of a unit of accommodation on

which I intend to occupy as my new long term residence

OR *despite sustained efforts, I have been unable to locate suitable long term accommodation within a period of 12 months from when my initial search commenced*

SECTION D

Temporary accommodation at
Address

Suburb

State

Post Code

was required for the period _____ to

solely because I was required to change my usual place of residence in order to perform the duties of my employment.

Declaration:

I declare that by providing this with a signed HRIS054 that the information provided in this form is true and correct.

APPENDIX 2

RELOCATION TRANSPORT DECLARATION

I _____ (name of the employee)

declare that, for the purposes of relocating my place of residence to take up appointment at UniSA,

(state who travelled, eg self, self and a family member)

travelled in a car owned or leased by me (or my family member) from

(state place, that is, address of departure)

to

(state place, that is, address of destination)

on

The car is

(state the make and model of car)

The total number of kilometres travelled in the car between the places of departure and destination was

The number of family members (apart from myself) travelling in the car was

Declaration:

I declare that by providing this with a signed HRIS054 that the information provided in this form is true and correct.

CALCULATION OF REIMBURSEMENT

Reimbursement is calculated based on the following formula based on total kilometres travelled multiplied by the per-kilometre rate of 88c. An additional supplement of 63c will also be due where two (2) or more family members were also travelling in the car

Reimbursement	kilometres	x	=
Supplement	kilometres	x	=
Total Reimbursement			