Request for Payment of Weekly Payment Redemption – Form 2

| Redemption Reference No. *(refer to quote in Form 1)* |  | Is the Employee Terminating Employment? |
| --- | --- | --- |
| YES 🞏 NO 🞏 |
| Termination Date: |
| Employee details | Surname |  |
| First name |  |
| Employee number |  |
| Notional weekly earnings | $ |
| Re-Employment Exclusion Period\* |  |
| Agency details | Department name |  |
| Section / branch |  |

*\* If an exclusion period has been applied to this payment that would result in the employee being ineligible for re-employment within the Public Sector, then the period of exclusion (weeks) should be entered in this field.*

**Redemption payment details**

| A | Total Gross Redemption Amount | $ | Not shown on payroll (only taxable) |
| --- | --- | --- | --- |
| B | Redemption Medical Component | $ | To be paid by agency |
| C | Total Taxable Redemption Amount (Gross less Medical) | $ | To be processed by Payroll Services |
| D | Tax Payable on A | $ | To be paid by Payroll Services |
| E | Total Redemption Net Amount | $ | Paid by Shared Services |
| F | Medicare 10% payment | $ | To be paid by agency |
| G | Centrelink Payment | $ | To be paid by agency |

*Note: Medical, Medicare and Centrelink are the responsibility of the agency to pay. Please ensure correct amounts are displayed to ensure net payment to employee is correctly calculated.*

| Reference number |  |
| --- | --- |
| Payment to be made in pay period: |  |

**Bank details:**

Worker/Legal Representative:

| Account name: |  |
| --- | --- |
| BSB |  |
| Account number |  |