



The following information is required by [insert Employer Name] to verify missing service and employer contributions for [insert Workers Name]

Please complete the following information and return it via email to [insert your email address] or fax to 9663 7088.

Worker’s Name: _____

Company Name: _____

Worker’s Period of Employment:

Start Date: _____ [dd/mm/yyyy]

Finish Date: _____ [dd/mm/yyyy] (if applicable)

Description of work performed: _____

- Worker Type: Apprentice
- Worker Tradesman
- Leading Hand/Foreman
- Supervisor
- Other, please specify _____

Total days worked – no more than 260 days in a full financial year (including all paid leave, public holidays, RDO’s). Total gross wages paid (excluding fares/travel, overtime (including related allowances) & leave loading). Please provide data in the following format from the worker’s start date up to either termination date or last Workers Days & Wages period [insert period]. Note, if an apprentice – no wages information is required only days worked (including all paid leave and school days)

[Insert start date] to [30/06/YY]	Days _____	Wages _____
[01/07/YY] to [30/06/YY]	Days _____	Wages _____
[01/07/YY] to [30/06/YY]	Days _____	Wages _____

Please be advised, based on the information provided above you will be invoiced for missed contributions – including any statutory interest.

I declare that the above information provided is true and accurate at the time of completing this form. I am fully aware that my Company will be invoiced for missed contributions.

Name: _____

Position Held: _____

Dated: _____