

Hardship Payment Application and Deduction Authorisation Form

Eligible employees who are being seconded by the Department of Health and Human Services (department) to one of the five non-government providers and who are affected by the changes to payroll arrangements can use this form to seek a Hardship Payment.

Information about the Hardship Payment including the eligibility requirements, is set out in the document provided to transferring employees titled 'Transfer Incentive Payment, Payroll Change Compensation Payment and Hardship Payment – Eligibility and Entitlements'.

Who can use this form

To claim the Hardship Payment, the following criteria must be met:

1. You are a part time or full time employee (ongoing and fixed term) at the commencement of your secondment; and
2. You are either:
 - not eligible to receive a Transfer Incentive Payment because you commenced employment after 18 December 2017; or
 - an employee whose Transfer Incentive Payment is lower than your current normal fortnightly earnings (which means this could result in financial hardship); and
3. You expect to experience genuine financial hardship as an outcome of the payroll realignment.

Employee earnings history and requested amount

The amount you can request needs to take into account any estimated Transfer Incentive Payment and/or Payroll Change Payment and cannot exceed your fortnightly earnings based on a pattern of previous earnings.

To determine the amount, you can request and to assist the department to assess your application, please complete the following information.

Employee Name		Employee Number	
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Recent earnings	Pay date	Gross Pay	Net Pay
Fortnight 1		\$	\$
Fortnight 2		\$	\$
Fortnight 3		\$	\$

Estimated Transfer Incentive Payment (if any) (Gross/before tax)	\$
Estimated Payroll Change Payment (if any) (Gross/before tax)	\$

Note: the above two amounts would have been included in the Individual Transfer Incentive and Payroll Change Payment Statement provided to you by the department.

Difference between: <ul style="list-style-type: none"> • your <i>average fortnightly earnings</i> (Gross/before tax); and • any Transfer Incentive Payment and/or Payroll Change Payment (Gross/before tax) 	\$
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Based on the above and considering that the above amounts will be taxed, please indicate below the Hardship Payment amount you wish to receive:

Amount requested	\$
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About the Hardship Payment and repayment arrangements

The Hardship Payment is considered a loan. The payment does not attract superannuation, it does not attract income tax and it cannot be salary sacrificed.

If your claim is approved, the amount requested will be deposited directly into your nominated bank account along with your final pay from the department.

The Hardship Payment must be repaid in full within 12 weeks.

Your new provider will deduct the repayments from your pay each fortnight on behalf of the department until the loan is repaid in full. The amount and timing of each deduction will be calculated based upon the amount of the Hardship Payment and the number of repayments nominated as per the repayment schedule. Confirmation of the Hardship Payment amount and a repayment schedule will be provided to you in writing.

The department will notify you in writing once the loan has been repaid in full.

Consent to repay Hardship Payment

Employee Name		Employee Number	
<i>I request that monies due in terms of the payment arrangements with the Department of Health and Human Services covered by this document, be deducted from my earnings with my new provider.</i>			
Name of new provider			
Position Title			
Work Location			
Employment Status (Circle appropriate)	Ongoing or Fixed Term	Employment Mode (Circle appropriate)	Full Time or Part Time
Number of repayments (maximum of 6)			

Employee Service Agreement with the Department of Health and Human Services

The department's commitment to your deduction arrangements:

- We will advise you, in writing, the details of the department's deduction arrangements prior to the first deduction.
- We will notify your new provider of the amount of Hardship Payment made, the number of deductions and the amount to deduct.
- We will not change the frequency of deduction arrangements without your prior approval.
- If a deduction cannot be made, deductions will continue until the loan is repaid in full.

- We reserve the right to cancel the deduction arrangements if three or more instalments are unpaid by your new provider and to arrange with you an alternate payment method.
- We will notify you in writing when the loan has been repaid in full.

Your commitment to us, your responsibilities:

- It is your responsibility to ensure that sufficient funds are available to deduct from your pay each fortnight.
- It is your responsibility to arrange with us a suitable alternate payment method if the deduction arrangements are cancelled or your employment with your new provider ceases prior to the loan being paid in full.

I have read and fully understand the conditions of the Employee Service Agreement.

Employee Name	Employee Signature	Date

Office Use Only – Processed by		
Name	Signature	Date
Office Use Only – Approved by		
Name	Signature	Date
Provider Notified -		
Name	Signature	Date

How to return the Form

When completed, this form should be returned within two weeks of date of the letter to the Payroll Assist Team via PayrollAssist@dhhs.vic.gov.au or mail to:

Service Transformation – Payroll Assist,
Level 1, 50 Lonsdale Street Melbourne Vic 3000