LIVING AWAY FROM HOME (LAHFA) DECLARATION FORM
Employees who Maintain an Australian Home

PLEASE COMPLETE AND FORWARD TO:
Human Resources Branch, Division of Services and Resources

For completion by staff member in retrospect following the end of each FBT year for lodgement of the University’s FBT return. This form is to be completed prior to 30 April each year in respect of the 12-month period ending on the previous 31 March.

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

<table>
<thead>
<tr>
<th>Staff ID</th>
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</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Family Name</td>
</tr>
<tr>
<td>Name</td>
</tr>
</tbody>
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DECLARATION

I (staff member’s name): ...........................................................................................................................................................................................

declare that the address I usually reside at in Australia is:

...................................................................................................................................................................................................................................................................

Either myself or my spouse have an ownership interest in the unit of accommodation located at the address stated above. This residence continues to be available at any time for my immediate use and enjoyment during the period that the duties of my employment require me to live away from it and it is where I expect to resume living when that period ends; and

During the period from: .............................................................................. to:..................................................................................................................................................

when the duties of my employment required me to live away from where I usually reside when in Australia, I actually resided at the following addresses

...................................................................................................................................................................................................................................................................

Signature: ..................................................................................................... Date: .................................................................