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| **SALARY PACKAGING APPLICATION MOTOR VEHICLE NOVATED LEASE** |

**PLEASE COMPLETE AND FORWARD TO:**

Human Resources Branch, Division of Services and Resources

This form is to be used by fixed-term or continuing staff to apply for salary packaging of a motor vehicle.

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| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** |
| Staff ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch: Work phone: Title: Family name: Given names (in full):  |

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| **COMMENCE PACKAGING ARRANGEMENTS** |
| [ ]  A copy of the schedule is attachedLease Period From: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_(pay date) TO : \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_(pay date)Pre-Tax Payment Annual amount $ ………………..……. Pay period amount $…………………………………*(as advised by provider) (divide annual amount by 26)*Post-Tax Payment Annual amount $ ……………..………. Pay period amount $………………………………...*(as advised by provider) (divide annual amount by 26)*University Administration Cost (pre tax) Pay period amount $10.00***Please ensure the total amount for all salary packaging (including superannuation) does not exceed 40% of superannuable gross salary.*** |

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| **CHANGE PACKAGING ARRANGEMENTS** |
| Lease Period From: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_(pay date) TO : \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_(pay date)Pre-Tax Payment Annual amount $ ………………..……. Pay period amount $…………………………………*(as advised by provider) (divide annual amount by 26)*Post-Tax Payment Annual amount $ ……………..………. Pay period amount $………………………………...*(as advised by provider) (divide annual amount by 26)*University Administration Cost (pre tax) Pay period amount $10.00 Fringe Benefits Tax Annual amount $ ……………..………. Pay period amount $………………………………... *(divide annual amount by 26)****Please ensure the total amount for all salary packaging (including superannuation) does not exceed 40% of superannuable gross salary.*** |

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| **AUTHORISATION (SIGNATURE REQUIRED)** |
| **Staff Member*** I hereby authorise the University of Adelaide to decrease my gross salary to provide the following benefit(s) on a fortnightly basis to commence as soon as possible.
* This authority will remain in place for the duration of the lease or until amended or cancelled by me in writing or my cessation from the University of Adelaide.
* I have read and understood the University of Adelaide’s terms and conditions and those of the lease provider on salary packaging for a motor vehicle and agree to abide by these rules and any changes which may be applied from time to time.
* I understand that if for any reason I take leave without pay during the term of this lease it is my responsibility to continue lease payments from my own private resources.
* I will notify Human Resources of any changes to my salary package and will not hold the University of Adelaide liable for any loss associated with salary packaging by me.
* I understand that salary packaging may not be retrospective and that I am obliged to give a minimum of four weeks’ notice for packaging arrangements to be processed/amended.

**Signature:** **Date:**  |