

# 08/06/20XX

# **Private and confidential**

Paula Tap 20 Hedge Row Bracken Gully VIC 3120 E: ptap@yazoo.com P: 0408 789 189

### Dear Paula

# Letter of offer

I am pleased to offer you full time employment in the position of **Plumber's Apprentice (1<sup>st</sup> year)** with us at **IckyLeaks** ('the employer') on the terms and conditions set out in this letter.

### 1. Position

- 1.1 Your start date will be **09/07/20XX**. Your employment will be on a **full-time basis**, working **38** hours per week.
- 1.2 You will be required to perform your duties at multiple locations as reasonably directed by the employer.

## 2. Terms and conditions

- 2.1 Unless more generous provisions are provided in this letter or in the attached Schedule, the terms and conditions of your employment will be those set out in the applicable legislation. This includes, but not limited to, the National Employment Standards in the *Fair Work Act 2009*.
- 2.2 Your employment may be terminated at any time by providing you with notice, to apply at the end of your current employment.

### 3. Remuneration

- 3.1 You will be paid at the rate of **\$19.74** per hour.
- 3.2 You will be paid **fortnightly** to the bank account nominated by you.
- 3.3 The employer will also make superannuation payments on your behalf in accordance with the *Superannuation Guarantee (Administration) Act 1992.*
- 3.4 Your remuneration will be reviewed annually and may be increased at the employer's discretion.

### SCHEDULE OF ADDITIONAL TERMS AND CONDITIONS

Uniform allowance \$40 per fortnight (before tax) Union Fees (optional) \$10 per fortnight deducted from your pay

# 4. Leave

- 4.1 You are entitled to 20 days of annual leave, 10 days of personal leave plus 2 extra days of unpaid carer's leave.
- 4.2 Compassionate leave, parental leave, community service and long service leave in accordance with the Plumbing Award and the National Employment Standards.

# 5. Your obligations to the employer

- 5.1 You will be required to:
  - a) Perform all duties to the best of your abilities at all times;
  - b) Use your best endeavours to promote and protect the interests of the employer; and
  - c) Follow all reasonable and lawful directions given to you by the employer, including complying with policies and procedures as amended from time to time. These policies and procedures are not incorporated into your contract of employment.

## 6. Confidentiality

6.1 By accepting this letter of offer, you acknowledge and agree that you will not, during the course of your employment or thereafter, except with the consent of the employer, as required by law or in the performance of your duties, use or disclose confidential information relating to the business of the employer, including but not limited to client lists, trade secrets, client details and pricing structures.

### 7. Entire agreement

- 7.1 The terms and conditions referred to in this letter constitute all of the terms and conditions of your employment and replace any prior understanding or agreement between you and the employer.
- 7.2 The terms and conditions referred to in this letter may only be varied by a written agreement signed by both and the employer.

# If you have any questions about the terms and conditions of employment, please don't hesitate to contact Steve Drip on 922 8989.

Employees and employers may also seek information about minimum terms and conditions of employment from the Fair Work Ombudsman. You can contact them on 13 13 94 or visit their website at <u>www.fairwork.gov.au</u>.

# To accept this offer of employment please return a signed and dated copy of this letter to me by 01/07/20XX.

Your sincerely

**Steve Drip** 

I, **Paula Tap** have read and understood this letter and accept the offer of employment from **IckyLeaks** on the terms and conditions set out in the letter. I understand that each engagement will constitute a separate contact of employment between us.

Signed:

Date:

Print name:

| Australian Government<br>Australian Taxation Office  | <b>Tax file number declaration</b><br>This declaration is NOT an application for a tax file   | e number.   |
|--|---|---|
| ato.gov.au   | <ul> <li>Use a black or blue pen and print clearly in BLOCK</li> <li>Print X in the appropriate boxes.</li> <li>Read all the instructions including the privacy state</li> </ul>  |   |
| Section A: To be completed by the  | PAYEE   5 What is your primar   | v e-mail address?   |
| 1 What is your tax<br>file number (TFN)?   |   |   |
| information, see   | ate application/enquiry to  |   |
| question 1 on page 2<br>of the instructions.       OR I am claiming an exem<br>18 years of age and do no | t earn enough to pay tax. 6 What is your date of  | birth?  |
|  | emption because I am in 7 On what basis are y   | ou paid? (select only one)  |
| 2 What is your name? Title: Mr Mrs   |   | rt-time Labour Superannuation Casual or annuity employment  |
| Surname or family name   | 8 Are you: (select only<br>An Australian resident   | A foreign resident A working  |
|  | for tax purposes       9 Do you want to clair   | n the tax-free threshold from this payer?   |
| Other given names  | all sources for the finance   | hreshold from one payer at a time, unless your total income from<br>cial year will be less than the tax-free threshold.                           |
| 3 What is your home address in Australia?  | Yes No  | Answer <b>no</b> here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an               |
|  | 10 Do you have a Highe  | Australian Government pension or allowance.<br>R Education Loan Program (HELP), VET Student<br>Il Supplement (FS), Student Start-up Loan (SSL) or |
| Suburb/town/locality   | Trade Support Loan  | (TSL) debt?   |
| State/territory Postcode   |   | hat may be raised on your notice of assessment. No  |
|  | Signature   | Date<br>Day Month Year  |
| 4 If you have changed your name since you last dea provide your previous family name.                    | It with the ATO,  | N here  |
|  | There are penalties for   | or deliberately making a false or misleading statement.   |
| Once section A is completed and signed, giv  | e it to your payer to complete section B.   |   |
| Section B: To be completed by the  |   |   |
| 1 What is your Australian business number (ABN) o withholding payer number?                              | Branch number   5 What is your primar   | y e-mail address?   |
|  |   |   |
| 2 If you don't have an ABN or withholding payer number, have you applied for one?                        | Yes No  |   |
| 3 What is your legal name or registered business na  | me 6 Who is your contact  |   |
| (or your individual name if not in business)?  |   |   |
|  | Business phone number   |   |
|  | Image: Second | ke payments to this payee, print X in this box.   |
|  | DECLARATION by payer           Signature of payer   | : I declare that the information I have given is true and correct.  |
| 4 What is your business address?   |   | Date<br>Day Month Year  |
|  |   |   |
|  |   | or deliberately making a false or misleading statement.   |
| State/territory Postcode   | Return the completed  |   |
|  | PO Box 9004<br>PENRITH NSW 2740   | <ul> <li>payer obligations</li> <li>lodging online.</li> </ul>  |
|  | Sensitive (when completed)  | 30920619  |

Australian Government Australian Taxation Office Superannuation Standard choice form

For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

| S | ection A: Employee to complete   |
|---|--|
| 1 | Choice of superannuation (super) fund  |
|   | I request that all my future super contributions be paid to: (place an $oldsymbol{\mathcal{X}}$ in one of the boxes below)   |
|   | The APRA fund or retirement savings account (RSA) I nominate $	imes$ ) Complete items 2, 3 and 5   |
|   | The self-managed super fund (SMSF) I nominate Complete items 2, 4 and 5  |
|   | The super fund nominated by my employer (in section B) Complete items 2 and 5  |
| 2 | Your details   |
|   | Name Paula Tap   |
|   | Employee identification number (if applicable)    Image: Complex com |
|   | You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate.<br>Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.  |
| 3 | Nominating your APRA fund or RSA         You will need current details from your APRA regulated fund or RSA to complete this item.         Fund ABN       6       5       7       4       9       5       8       9       0         Fund name       Fund name  |
|   | HOST-PLUS Superannuation fund  |
|   | Fund address   |
|   | Locked Bag 5046  |
|   | Suburb/town State/territory Postcode   |
|   | Parramatta         N         S         W         2         1         2         4   |
|   | Fund phone         1         3         0         4         6         7         8         7         5   |
|   | Unique superannuation identifier (USI) HOS0100AU   |
|   | Your account name (if applicable)  |
|   | Paula Tap  |
|   | Your member number (if applicable)   |

## **Required documentation**

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

# 4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

| Fund ABN                                  |                |                     |          |
|---|----------------|---------------------|----------|
| Fund name                                 |                |                     |          |
|   |                |                     |          |
| Fund address                              |                |                     |          |
|   |                |                     |          |
|   |                |                     |          |
| Suburb/town                               |                | <br>State/territory | Postcode |
|   |                |                     |          |
| Fund phone                                |                |                     |          |
| Fund electronic service address (ESA)     |                |                     |          |
|   |                |                     |          |
| Fund bank account                         |                |                     |          |
| BSB code (please include all six numbers) | Account number |                     |          |
|   |                |                     |          |

#### **Required documentation**

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <a href="http://superfundlookup.gov.au/">http://superfundlookup.gov.au/</a>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

### 5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

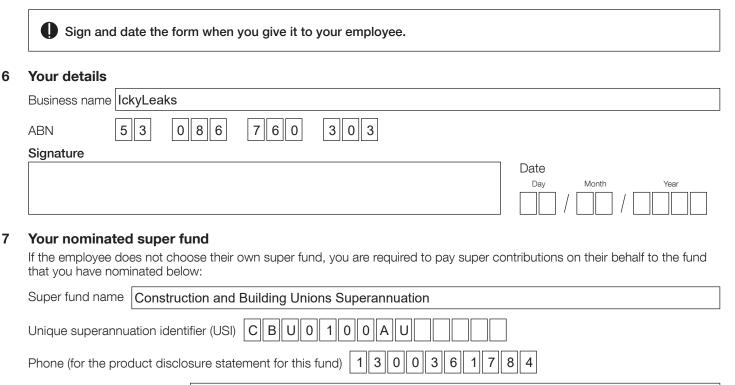
#### Signature

Return the completed form to your employer as soon as possible.

| Date |       |      |
|------|-------|------|
| Day  | Month | Year |
|      | / /   |      |

# Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.



Super fund website address https://www.cbussuper.com.au/

# Section C: Employer to complete

Complete this section when your employee returns the form to you with section A completed.

# 8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

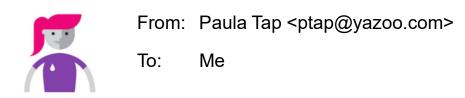
| Date employee's choice/ Month Year Date you act on your///       |      |
|--|------|
| Date employee's choice      /      /          is received      / | Year |

Employers must keep the completed form for their own record for five years. Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.

### **PRIVACY STATEMENT**

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry* (*Supervision*) *Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.

# **Employment Contract**



Hi Steve,

I've attached my signed documents.

I would also like union fees to be deducted from my pay please.

Also, here are my bank details:

- 923-200
- 133 456 233
- Paula Tap

Thanks

Paula