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Section 1 Reason for report

the reason that applies

Termination of employment

OR

Withdrawn from Gold State Super

Section 2 Member details

To be completed by the HR/Payroll Officer

Provide the member number and personal details.

GESB member number

WIN No. Office Use Only

Mr Mrs Miss Ms Other

Last name

Given name(s)

Male Female

Postal address

Postcode

Telephone – home

Telephone – mobile

Payroll number

Government department/agency

Former occupation

Section 3 Termination details

the reason for termination

Resignation

Dismissal

Age retirement

Death

Disability retirement

Retrenchment/voluntary severance

Section 4 Employer certification

The HR/Payroll Manager or their authorised delegate must make this certification.

I hereby certify that I have read and understand the definitions provided, and have duly applied correct amounts to the information provided. I understand that this organisation will be liable for any overpayment due to incorrect information provided.

Name

Position

Telephone – work

Your signature

Date

Section 5 Definitions

Refer to the following definitions prior to completing the salary details in Section 6. This will ensure that all components of salary are included for calculations of final remuneration.

Employment status

Nominate whether the member was working full-time or part-time at the time of ceasing employment.

Selection Date

The 'Selection Date' is either the 1st or 16th of the month, two months before the month of the birthday. For example if the birthday falls between 1–15 May we use 1 March as the Selection Date for the previous two years. If the birthday falls in the second half of May we use 16 March.

For example, if the employees birthday falls on 7 May and the date their employment ceased was 25 September 2020, the following Selection Dates would be used:

Selection Date 1 – 1 March 2020

Selection Date 2 – 1 March 2019



Allowances

These are separately identified amounts that are ordinarily payable for each pay period and are acceptable for Gold State Super. These should be averaged for the 12 month period preceding the termination date for Final Remuneration purposes.

Substantive level

This is the employees final employment level, e.g. level 5.3.

Salary

Remuneration that is ordinarily paid to the employee, by way of salary or wages, payable in cash in their capacity as an employee and includes any packaged remuneration components. Any additional salary in lieu of annual leave or long service leave is NOT included in salary. Any additional payments must retain their identity as such and remain excluded from salary for superannuation purposes. If an employee ceases employment during a pay period, please report a salary applicable to the whole period.

For **part-time employees**, please provide the actual part-time superannuation salary.

Packaged remuneration

Where an employee voluntarily foregoes (or sacrifices) part of their cash salary in return for the employer paying for certain items on behalf of the employee (in untaxed payments) the packaged salary represents the cash equivalent of these components, for the current pay period, and is included with the salary.

Total

This should equal the sum total of the salary (including any packaged contributions if appropriate) and any acceptable Gold State Super allowances.

Section 6 Selection date

Salary as at Selection Date (see definition above)

Date employment ceased

Members date of birth

Selection date 1	Base Salary per pay (not including allowances)	FTE% worked
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Selection date 2	Base Salary per pay (not including allowances)	FTE% worked
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Section 7 Termination details

Employment status at termination date: (✓ appropriate box)

Full-time Part-time (please specify) %

Has the member changed their Full-Time Equivalent (FTE) percentage over the last two years? (✓ appropriate box)

Yes No (If yes, please provide details below)

Date from	Date to	FTE% worked
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(If more than three changes, please attach a list)

Date you expect to forward the last contribution

Salary per pay at ceasing date:

Salary* (including any packaged amount)

Substantive level (optional)*

Allowances*

Total*

*Refer to Section 5 for definition of terms

Please state type of allowance earned

At any time during the last three years, has the member received a **Higher Duties Allowance** (HDA) for a continuous period of at least 12 months? (✓ appropriate box)

Yes No (If yes, please provide details below)

Date HDA commenced	Date HDA ceased	Fortnightly HDA salary
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<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	<input type="text" value="\$"/>
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Did any breaks in HDA occur due to leave taken? (✓ appropriate box) Yes No

At any time during the last two years, has the member received either a District Allowance, Remote Allowance or bonuses? (✓ appropriate box) Yes No

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How to contact us

T Member Services Centre 13 43 72 F 1800 300 067
PO Box J 755, Perth WA 6842

W gesb.wa.gov.au