



To: HR Services
 Student & Staff Services Division
 Monash Business Park, 710 Blackburn Road.

SALARY PACKAGING APPLICANTS ONLY FOR PARKING FEE
MONASH MEDICAL CENTRE CAR PARK
 (for fixed-term contract and continuing staff only)

I hereby request Monash University to consider decreasing my gross salary to commence the automatic deduction of the Monash Medical Centre car parking fee from my fortnightly salary. This authority cancels any previous deduction with respect to parking at Monash Medical Centre and shall remain in force until cancelled by me in writing and with the approval of the Manager, Southern Clinical School (or delegate) in charge of car parking for University staff at Monash Medical Centre or when my contract terminates.

I have read and understood the University's Salary Packaging Manual and agree to abide by the provisions in this handbook, which may be varied from time to time. I note that the University collects an administration charge, which will be deducted fortnightly from pre-tax salary and I agree to pay this charge as varied by the University from time to time. I understand that the parking fees may be adjusted from time to time which will affect the fortnightly deduction amount. I also understand that if this fee changes as a result of a change to my work fraction, it is my responsibility to notify HR Services in writing using this form, via the office of the Manager, Southern Clinical School.

Establishment/Amendment of a deduction Cancellation of a deduction arrangement

Deduction to commence/conclude from: _____ Parking fee (fortnightly): \$_____ (GST-Exc)
 (Date)

Name: _____ Fraction: _____
 (Please print)

Organisational Unit: _____ Staff ID No: _____

Administration Fee

Staff who package parking fee and one or two other items, \$90 per annum is deducted in fortnightly amounts of \$3.45 from their salary.
 Staff who package parking fee and three or more other items, \$120 per annum is deducted in fortnightly amounts of \$4.60 from their salary.

Agreement
I acknowledge and agree that the University has advised me to seek independent financial advice before considering the University's offer to enter into this salary packaging arrangement. I acknowledge that should I cease employment at Monash University, the University will deduct any monies owing in respect of this salary packaging agreement.

Staff member's signature: _____ Date: _____

Processed by Southern Clinical School Office on/...../.....
I certify that the information provided above is accurate and that this form will be forwarded to Staff Services at Monash University for processing.

Authorised by Manager, Southern Clinical School (or delegate)

Processed by Staff Services, Student and Staff Services Division on/...../.....

By signature: