

# First Aid Allowance Cancellation Request



Please be advised that the following staff member has resigned from the position as First Aid Officer. Could you please arrange the cancellation of the allowance for the person indicated below with the following details:

I confirm this request is:

Permanent

Temporary

### Temporary Cancellation Period

Start Date:

Resume Date:

I confirm that I have notified the Emergency Coordinator of this change [emergency@unsw.edu.au](mailto:emergency@unsw.edu.au).

(Please Tick Box to confirm)

Certificate Number

Certificate  
Expiry date

### Applicant Details

Employee Number:

Title:

Family Name:

First Name:

Email:

Phone:

Mobile:

Faculty/Division:

School/Business Unit:

### Signature

Signature:

### Allowance Period - Start & End Dates (As shown on certificate)

Start Date:

End Date:

### Approval

#### Faculty/Head of School/Division

I approve this First Aid Allowance request to be cancelled from my work unit budget.

Title:

Family Name:

First Name:

Email:

Phone:

Faculty/Division:

School/Business Unit:

### Signature

Signature:

Date:

### Fax First Aid Allowance Cancellation Request to:

Salaries Section  
Human Resources  
Fax: 9385 1420

### Salaries Use Only

Date Entered: