



SAL128 First Aid Allowance Cancellation Request

(HR.V1.0 - 7.05.18)

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.

(Please Tick Box to confirm)

Certificate Number		Certificate Expiry date	
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Applicant Details

Employee Number: Z

Title: Family Name: First Name:

Email: Phone: Mobile:

Faculty/Division: School/Business Unit:

Signature

Signature:

Allowance Period - Start & End Dates (As shown on

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:

Email First Aid Allowance Cancellation Request to:

Human Resources, Salaries Unit salaries@unsw.edu.au

Salaries Use Only

Date Entered: