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| **Deferred Salary Scheme (Teachers) Application***This form must be completed when a permanent teacher elects to participate in the Deferred Salary Scheme.**Please use BLOCK Letters and ticks.* |  |
| **PRIVACY STATEMENT:** The department is collecting personal information on this form in accordance with Human Resource systems and business processes. The form will be securely stored within the relevant Central Office, Region or Work Unit. The information may be disclosed to third parties without your consent. Third parties include Government Superannuation Office, Australian Taxation Office, Queensland College of Teachers, other Commonwealth and Queensland Government departments, Industrial organisations or other entities in accordance with or where requested by law or industrial instrument. |

**Employee Details:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Number:** |  |  |  |  |  |  |  | **Name:** |
| **Postal Address** |
| **Phone No:** | **Email:** |

**Employment Details:**

|  |  |
| --- | --- |
| **Position Location:** | **Date commenced service with Department: / /** |
| **Substantive Position:** |
| **Current Position:** *Please provide details of current position if different to your substantive position. For example, if you are currently relieving in another position or seconded to other duties* |

**Application to Participate:**

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| I wish to apply to participate in the Deferred Salary Scheme, commencing Semester \_\_\_\_\_\_\_\_\_\_\_\_ , Year \_\_\_\_\_\_\_\_\_\_\_\_ .I have sought independent financial advice. |
| **Withdrawal / Postponement of Participation:** |
|  I wish to withdraw from the scheme. Comments:I wish to postpone my participation in the scheme. |
| **Employee Signature:**

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| I understand that my application does not guarantee approval to participate in the scheme. | **Signature:** | **Date: / /** |

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**Endorsement:**

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| • Teachers’ applications to be endorsed by Principal. • Principals’ applications to be endorsed by Regional Director or Assistant Regional Director**Recommended**: **Not Recommended**  (Provide Comments) (Attach additional pages if necessary. Applicant to be informed of comments): |
| **Endorsing Officer’s Name:** | **Signature:** |
| **Position:** | **Date: / /** |

**Approval:**

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| **Delegated Officer to approve: Approved: Not Approved:** |
| **Approving Officer’s Name:** | **Signature:** |
| **Position:** | **Date: / /** |

Upon completing this form please forward to BusSol@qed.qld.gov.au for processing.

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| **PROCESSING UNIT USE ONLY:** | **Date Processed: / /** | **Fortnight End Date: / /** |
|  | **Initials:** | **Verified By:** |