Request for wages reimbursement

ZURICH

Worker's name | Claim number

Employer's name | Employer's reference number

Address | Postcode

Direct credit option – for reimbursement via direct credit to employer's bank account complete the following:

Bank account name

BSB number ☐☐☐ – ☐☐☐ Account number ☐☐☐☐☐☐☐☐

Employer's email address

Period (inclusive dates)		Weeks and/or days and/or hours			Weekly or hourly rate	Amount
From	To					
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
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					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
						$

Important

1. If compensation relates to time lost visiting doctor and is less than one day, show 'T.L.V.D'. Against period and indicate hours lost each visit.
2. Ensure that medical certificates supporting periods of absence are submitted. (Payment cannot be processed without certification).
3. Specify actual dates. Do not use 'week ending' or 'retrospective'.

Employer's signature ✗ Date / /

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