## Transitioning Authority – Salary Packaging

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| **EMPLOYEE TRANSITION AUTHORITY - SALARY PACKAGING** I confirm that I wish to transition my salary packaging arrangements from ………………………. (current provider) to ……………………… (new provider) for effect [**Day Month, Year**].**I also authorise the Contractor to release all my personal details held on their records to any successor Contractor that may be determined by the Employer.** **[Optional clause – to be deleted if it is not appropriate to authorise disclosure in certain organizations]****Please forward this authority to …………………. (current provider) to commence the transition process.****Name:****Employer:****Payroll ID:****Date of Birth:** **Date:****Employee Signature:** |

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| **EMPLOYER TRANSITION AUTHORITY - SALARY PACKAGING** I have received instructions from the below detailed employee to request transition of his/her salary packaging arrangements from ………………… (current provider) to ……………………… (new provider) for effect [Day Month, Year].**Name of Employee:****Employer**:**Payroll ID**:**Date of Birth**:**Date**:Please forward this authority to …………………. (current provider) to commence the transition process.I am forwarding this instruction in my capacity as the current authorised Employer representative for the abovementioned employee. **Name of authorised Employer representative**: |

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| **Date**:**Employer Signature**: |