## 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**: |