



# Retirement Benefits Fund Board

GPO Box 446, Hobart TAS 7001  
Telephone: 1800 622 631 or 03 6233 3672  
Facsimile: 03 6233 3357

## LEAVE WITHOUT PAY CERTIFICATION

(To be completed by Employer only)

### Member's Details:

Full Name: .....

RBF Member No: ..... Date of Birth : ...../...../.....

### Employing Agency/Authority:

Employing Agency/Authority: .....

Payroll ID No. .... Agency Code: ..... Paycentre Code: .....

### Leave Without Pay Details:

Reason for LWOP (sick leave, parental leave etc) .....

Start Date: ...../...../..... End Date: ...../...../.....

Employment Status:  Full time  Part Time

Employment % upon Commencement of LWOP: ..... % Return from LWOP: ..... %

### Salary Details:

#### Annual Salary Immediately Prior to commencing LWOP

	Value \$	Allowance Type
Substantive Salary	\$ .....	
Allowances	\$ .....	.....
	\$ .....	.....
	\$ .....	.....

#### Increases to Annual Salary Whilst on LWOP

Effective Date	Substantive Salary	Allowances	Total Salary
...../...../.....	\$ .....	\$ .....	\$ .....
...../...../.....	\$ .....	\$ .....	\$ .....
...../...../.....	\$ .....	\$ .....	\$ .....
...../...../.....	\$ .....	\$ .....	\$ .....

### Certifying Officer's

Signature: ..... Date: .....

Name: (please print)..... Phone No: .....