



Retirement Benefits Fund Board

GPO Box 446
Hobart Tas 7001
Freecall 1800 622 631

MEMBER EMPLOYMENT HISTORY CERTIFICATION

Member's Details

Full Name:

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

Employing Agency/Authority:

Employing Agency/Authority:

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

Employment History: (from date of commencement)

Employment Status	Start Date	End Date	% of Full Time Hours
...../...../...../...../.....%
...../...../...../...../.....%
...../...../...../...../.....%
...../...../...../...../.....%
...../...../...../...../.....%
...../...../...../...../.....%
...../...../...../...../.....%
...../...../...../...../.....%
...../...../...../...../.....%

Certifying Officer's

Signature: Date:

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