

PAYROLL DETAILS

The information you provide Kowalski Recruitment Pty Ltd below will be used for purposes relating to your employment or placement through Kowalski Recruitment Pty Ltd, as per the Australian Privacy Principles in the Privacy Act 1988 (as amended). Please refer to our website for further Information.

SURNAME:

OTHER NAMES:

ADDRESS:

PHONE:

DATE OF BIRTH:

 / /

TAX FILE NUMBER:

BANK:

BRANCH:

BSB NUMBER:

BANK ACCOUNT NUMBER:

IN THE NAME OF:

START DATE:

 / /

KOWALSKI RECRUITMENT PTY LTD

ABN 26 109 635 887 • ACN 109 635 887

175 London Circuit, Canberra City, ACT 2601 • PO Box 1016 Civic Square ACT 2608

Telephone 02 6230 6636 • Facsimile 02 6230 6626

Email: jobs@kowalski.com.au

**TERMS AND CONDITIONS
EMPLOYMENT CONTRACT
- 2019 -**

1. I hereby apply to work as a Kowalski Recruitment contractor, depending on assignments offered and my availability.
2. I recognise that as a casual, contract employee, my assignments will depend on the requirements of clients of Kowalski Recruitment and that in any assignment there can be no expectation of continued employment.
3. Each time I accept an assignment I understand that I will be entering into a new contract of employment with Kowalski Recruitment.
4. For each assignment I will be advised:
 - The hourly rate which applies to the assignment;
 - Specific functions and duties required to be carried out;
 - The length of assignment at the time of engagement;
 - Any other matter required to be advised to me before commencing the assignment.
5. I understand and agree that, although the task and duration will be advised at the time of engagement, the task and duration may be changed during an assignment, depending on the client's requirements.
6. When offered a contract placement, I understand that there is no obligation to accept the assignment. However, if I do accept, I agree to abide by the following:
 - Completion of the assignment as agreed, if not to give one week's notice;
 - Punctuality, reliability, an acceptable standard of work and appropriate dress;
 - Reporting any variation to the agreed hours of work;
 - Notification before 8.15 a.m. if I am unable to attend during any period of employment;
 - Reporting immediately any accident or injury sustained at my place of work;
 - Keeping a daily timesheet on which I accurately record my total hours worked;
 - I will receive payment for hours recorded on my timesheet, endorsed by the client and faxed to the Kowalski Recruitment office **by 1:30pm** on the last day of each working fortnight;
 - I will receive payment for my actual hours worked within **5 working days** of the completion of the pay period.
7. I agree to keep confidential any information acquired during the course of an assignment.
8. I understand that Kowalski Recruitment will not necessarily be keeping me in continuous work. It will be on a needs basis.
9. I understand that the first four (4) hour period of each assignment is a trial period for the client's assessment and should I not meet the client's requirements the assignment may be terminated.
10. I understand that whilst engaged on an assignment with a client, and following the completion of any assignment, I will not accept a permanent or contract position of employment with the client or any of its related corporations without advising Kowalski Recruitment beforehand.

(please turn over to complete)

KOWALSKI RECRUITMENT PTY LTD

11. I understand that the conditions of my employment, including termination arrangements are based on the National Employment Standards (Fair Work Act 2009) and the Clerks – Private Sector Award 2010. As a casual employee I understand that the entitlements which apply to me under the National Employment Standards are limited to:
- two days unpaid carer's leave and two days unpaid compassionate leave per occasion;
 - maximum weekly hours;
 - unpaid community service leave;
 - to have a day off on a public holiday, unless reasonably requested by Kowalski Recruitment;
 - to have the Fair Work Information Statement provided to me.

Furthermore, I understand that if I have been employed by Kowalski Recruitment on a regular, ongoing basis for over 12 months I am entitled to:

- make requests for flexible working arrangements;
- up to 12 months of unpaid parental leave.

12.

- I will receive an hourly rate of pay, which is confidential and will not be discussed outside Kowalski Recruitment Management. The hourly rate includes a casual loading to compensate for annual holidays, sick leave and public holidays.
- I will receive overtime rates as prescribed in the Clerks – Private Sector Award 2010. My working of overtime must be specifically requested by my supervisor in advance, and approved in writing on my fortnightly timesheet.
- I am entitled to receive superannuation at a rate of 9.5% of ordinary hours worked (in addition to the agreed hourly rate), after receiving the minimum monthly wage total set out in the Superannuation Guarantee Legislation.
- I will be given a choice of superannuation fund, which my superannuation will be paid into following the completion of each calendar month. If Kowalski Recruitment is not able to pay superannuation into my preferred fund, or I do not provide the details of my superannuation fund, superannuation contributions will be paid into Kowalski Recruitment's default fund.
- I am protected by Workers Compensation Insurance.
- I have no pre-existing injuries or conditions which could hinder my work performance.
- My level of health and fitness is suitable for the performance of the genuine occupational requirements of the assignment.
- I am not eligible for sick pay or holiday pay, or entitled to be paid for public holidays. My casual loading is compensation for these entitlements.
- Kowalski Recruitment follows the same public holidays observed by the Commonwealth an ACT Public Service.

12. I agree to advise Kowalski Recruitment of any change to my address or contact details whilst engaged in and following contract employment, so that I am able to receive correspondence from Kowalski Recruitment.

13. I am an Australian citizen or permanent resident or I hold a visa permitting me to lawfully work in Australia.

Signature: _____ Please print form and sign here

Name: _____ Date: / /

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Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the ATO, provide your previous family name.

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

Suburb/town/locality

State/territory Postcode

6 On what basis are you paid? (Select only one.)
Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

7 Are you an Australian resident for tax purposes? (Visit ato.gov.au/residency to check) Yes No

8 Do you want to claim the tax-free threshold from this payer?
Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.
Yes No Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No

10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration (NAT 3093). No

11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No
(b) Do you have a Financial Supplement debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

DECLARATION by payee: I declare that the information I have given is true and correct.
Signature Date Day / Month / Year
You MUST SIGN here
There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality
State/territory Postcode

5 Who is your contact person?

Business phone number

6 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.
Signature of payer Date Day / Month / Year
There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740
IMPORTANT See next page for:
■ payer obligations
■ lodging online.



30920716

Sensitive (when completed)



Section A: Employee to complete

1 Choice of superannuation fund

I request that all my future superannuation contributions be paid to: (place an in one of the boxes below)

my employer's superannuation fund named in 'Section B – Question 6'

my own choice of superannuation fund

! You only need to complete 'Section A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to.

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

➤ Make sure your superannuation fund knows your TFN. You can check just by looking at your latest statement from them. It helps you keep track of your money, allows you to pay extra contributions, and makes sure the money gets taxed at the special low rate.

3 Details of my chosen superannuation fund:

Fund name

Fund address

Suburb/town State/territory Postcode

Member No. (if applicable)

Account name

Superannuation fund's Australian business number (ABN) (if applicable)

Superannuation product identification number (if applicable)

Daytime phone number

4 Appropriate documentation (Place an in the box if you have attached the required information.)

- I have attached:
- a. a letter from the trustee stating that this is a complying fund or retirement savings account (RSA) or, for a self managed superannuation fund, a copy of documentation from the ATO confirming the fund is regulated
 - b. written evidence from the fund stating that they will accept contributions from my employer, and
 - c. details about how my employer can make contributions to this fund.

Your employer is not required to accept your choice of fund if you have not provided the appropriate documents.


Signature

Please print form and sign

Date
Day Month Year
 / /

! If you have completed 'Section A', return this form to your employer and keep a copy for your own records. **Do not send this form to us at the ATO or your superannuation fund.**

Section B: Employer to complete

 Give this form to your employee after you have completed 'Section B'.

5 Your details

Business name

ABN

Signature

To be signed by Kowalski Recruitment

Date

Day Month Year
 / /

6 Your employer nominated superannuation fund

If the employee does not choose a different superannuation fund, superannuation contributions will be paid to the following superannuation fund on behalf of this employee (unless the employee has previously chosen a different fund):

Fund's name

Superannuation product identification number (if applicable)


For the product disclosure statement for this fund (if applicable) Phone


Fund's website

For your records:

This section must be completed when the employee returns the form to you with a completed 'Section A'.

Date valid choice is accepted / / Date you act on your employee's valid choice / /

 **Do not send a copy of this form to us at the ATO or your superannuation fund.** You must keep a copy for your own records for a period of five years.

 When you receive this form and all of the required information from your employee, and where an employee has chosen a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated superannuation fund (your default fund) or the employee's new chosen fund. Contributions after the two month period must be made to the employee's new chosen superannuation fund.

PRIVACY STATEMENT

We do not collect this information. We provide a format for you as an employee to provide that information to your employer.