

# SALARY SACRIFICE AGREEMENT FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

## Employee Details:

Date of Commencement of Employment: \_\_\_\_\_

Department/Section: \_\_\_\_\_

Position Title: \_\_\_\_\_

## Employer Details:

Employer Name: \_\_\_\_\_

Employer ABN: \_\_\_\_\_

## Salary Sacrifice Arrangement:

I agree to sacrifice the following amount from my pre-tax salary: \_\_\_\_\_ AUD per pay period

Effective from (pay period commencing): \_\_\_\_\_

## Purpose and Use of Salary Sacrifice:

The salary sacrifice will be used for the following purpose(s):

\_\_\_\_\_  
\_\_\_\_\_

## Employee Declaration:

I understand and agree that: 1. This salary sacrifice arrangement is voluntary and may affect my entitlements such as superannuation, leave loading, overtime, and other employment conditions. 2. It is my responsibility to seek independent financial advice before entering into this agreement. 3. The Employer is not responsible for any tax consequences or impacts on government benefits that may result from this arrangement. 4. This arrangement will remain in place until I provide written notice to cancel or vary the agreement. 5. The Employer may amend or terminate this agreement in accordance with applicable legislation and employment agreements. 6. This agreement is subject to Australian taxation laws and employment regulations.

## Employer Declaration:

The Employer agrees to: 1. Implement the salary sacrifice arrangement in accordance with this agreement and relevant laws. 2. Adjust the employee's pre-tax salary by the agreed amount for the duration of this agreement. 3. Provide payslips reflecting the salary sacrifice amounts. 4. Maintain confidentiality of this agreement and related employee information. 5. Comply with all obligations under Australian employment and taxation laws.

**EMPLOYEE SIGNATURE**

**EMPLOYER SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

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