Commonwealth Paid Parental Leave (CPPL) Application Advice Form

**Instructions for use:** Complete this form to enable payment of your Commonwealth Government Paid Parental Leave

**Note:** Paid Parental Leave payments can only be made to employees who are currently on a Departmental approved form of leave (e.g. Annual Leave, Long Service Leave etc).

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| --- | --- |
| Agency Name: | *Enter your Agency Name Here* |

|  |  |  |
| --- | --- | --- |
| Agency ABN: | *Enter your ABN Here* |  |

|  |  |
| --- | --- |
| Employee Name: |  |

|  |  |
| --- | --- |
| Employee Number: |  |

**Payroll Deductions**

I authorise the following payroll deductions to be deducted from my CPPL payments. (All deductions excluding PAYG Tax and Child Support & Salary Sacrifice will be ceased during periods of CPPL payments if not authorised below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** | **Fortnightly Amount** | **Company Name** | **Fortnightly Amount** |
|  |  |  |  |
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**Employee Declaration**

I acknowledge that I have been informed of the following requirements, that I must act upon, in relation to Payroll Deductions, Voluntary Superannuation and Salary Sacrifice Deductions as they relate to CPPL payments:-

* I must advise my Salary Sacrifice Provider if I do NOT want Salary Sacrifice payments to come out of my CPPL payments.
* I must advise my Superannuation Provider if I do NOT want Voluntary Superannuation deductions to come out of my CPPL payments.

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| --- | --- | --- | --- |
| **Applicant’s Signature:** |  | **Date: \_\_\_\_/\_\_\_\_/\_\_\_\_** |  |

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| **Agency Use Only:** |

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| --- | --- | --- | --- |
| **SSSA Office Use Only:**Leave screen checked: Deductions Checked and amended: PPL processed/paid: | [ ] [ ]  [ ]  | Entered by:Checked by: Date processed:  | \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ |