Certificate of Employment

EMPLOYER DETAILS

Company Name:

Address:

Suburb: State: Postcode:

CIRT Employer ID:

Contact Number:

EMPLOYEE DETAILS

CIRT Employee ID:

This is to certify that   Date of Birth   of the above

employer was employed for the period from   to

REDUNDANCY CERTIFICATION

I certify that:
The Employer no longer requires the work which the Employee has been performing to be done by anyone and this has led to the termination of employment AND/OR the Employee's employment was terminated due to lack of work; AND the termination was not by the Employee by voluntary resignation, retirement, death or permanent disability or abandonment, or by the Employer for disciplinary reasons.

☐ Yes   ☐ No

If No – Please Provide Details

Signed: Position: Date:

*Employee's Annual Salary: $
   (Current weekly salary rate times 52)

*Note: Failure to advise employee's annual salary will result in the employee's redundancy benefit being taxed at the highest marginal rate.

Unpaid absence in weeks:

Number of weeks for redundancy calculation (1):

Total redundancy payment due to employee (1) times weekly salary rate: $ (A)

Number of weeks payment into CIRT on behalf of employee:

Total amount paid into CIRT: $ (B)

Total payment by employer: $ (A) - (B)

(1) Refers to TCR Scale

TCR Scale

	Weeks		Weeks
Less than 1 year	nil	More than 6 years but not more than 7 years	11
1 year but not more than 2 years	4	More than 7 years but not more than 8 years	13
More than 2 years but not more than 3 years	6	More than 8 years but not more than 9 years	14
More than 3 years but not more than 4 years	7	More than 9 years but not more than 10 years	16
More than 4 years but not more than 5 years	8	More than 10 years	12
More than 5 years but not more than 6 years	10		

Please email completed form to enquiries@cirt.com.au

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