

CLAIM FOR TIME OFF WORK FORM – DETACHED EMPLOYEES

This form is used to claim compensation for time off work by an employee who is incapacitated for work, either partly or wholly, and is no longer employed by the ACT Government. A claim for incapacity payments must be made by the employee and submitted to EML.

PRIVACY

WE ARE COMMITTED TO PROTECTING YOUR PRIVACY

EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.

We also operate in the ACT and follow the Territory Privacy Principles set out under the *Information Privacy Act 2014* (ACT). Protecting your privacy and personal information is an important aspect of the way we manage our services.

To read more about our privacy statement, and how to contact the EML Group Privacy Officer, please visit the EML website.

STATEMENT OF HOURS WORKED AND GROSS WEEKLY EARNINGS IN PAID EMPLOYMENT

In calculating your compensation payments for any period that you claim your work capacity was restricted by your compensable injury, EML must consider your 'ability to earn' or 'actual earnings', whichever is greater.

Your 'actual earnings' is income earned in all paid employment, including: self-employment, paid sick leave, recreation leave and Public Holidays, as well as overtime, shift penalties or allowances. 'Expense' allowances for cars, tools or uniforms etc. are not included.

If EML has determined your ability to earn is greater than your actual earnings, you will have already received separate written advice.

EML must calculate your compensation payment week by week on a full 7 day week basis. Please note that EML is concerned with the period/dates worked, not when you were paid. It is important to complete the form after each work day, not prior.

Please note: Gross actual earnings refers to the total pre-tax amount you earned during a 7 day week. If you did not have any actual earnings for the week, please indicate in the space provided, that your total hours and minutes and gross actual earnings were zero.

Please send this form to EML as soon as you have completed working the weeks indicated—including attaching payslips or other written evidence confirming your earnings. You will require a current medical certificate demonstrating restricted work capacity to cover any period claimed. If your employment situation changes or you will not be undertaking further employment, please contact EML as soon as possible.

Surname		Given names(s)	
Date of Birth		Date of injury	
Claim number		Phone number	
Current employer		Position	

Please ensure that you complete all sections, including Saturday and Sunday. Do not leave any spaces blank. Enter '0' if you are not working. Do not use decimal hours / minutes. Please include all paid sick leave, recreation leave and public holidays etc.

Week 1	Date	.....	.....	.....	.....	.....	.....	.....	Total Hrs and Mins	Gross actual earnings
	Hrs : Mins									\$
Week 2	Date	.....	.....	.....	.....	.....	.....	.....	Total Hrs and Mins	Gross actual earnings
	Hrs : Mins									\$

Please note: EML's cut off for processing is the 9:00 am on the Monday of the pay week prior to your payday. Failure to provide your payslips and record of earnings form by 9:00 am on that Monday may result in delayed payments. Urgent pays can only be made where there is evidence of extreme financial hardship.

I claim the above periods of partial or total incapacity for work are attributable to my compensable injury. I affirm that the information provided is correct and accurately reflects the hours worked and any earnings from all paid employment for the weeks indicated. I confirm I have attached payslips or other written evidence to support my claim. I am aware that intentionally providing false, misleading or incomplete information may result in a recoverable overpayment and may be considered a criminal offence.

Payslip evidence attached:

Medical certificate attached:

Printed name: _____

Signature: _____

Date: _____