

Wage Claim Form

This form may only be completed by financial CFMEU members. We will not assist non-members or unfinancial members. Please complete all sections.

Member Details		
Name:		
Address:		
Suburb:	Postcode:	
Home Phone:	Mobile:	
Work Type:	Union No.	
Date of Birth: ___/___/___	Date Joined Union: ___/___/___	
<input type="checkbox"/> Financial	<input type="checkbox"/> Un-Financial	Dues Owing: \$
<u>CBUS/Super No.</u>	<u>ACIRT No.</u>	<u>Long Service Leave No.</u>
Email Address:		
Date Started with Employer: ___/___/___	Date Finished with Employer: ___/___/___	

USUAL HOURS OF WORK	
Monday - Friday Start Time: _____ Finish Time: _____	Saturday Start Time: _____ Finish Time: _____

Hourly Rate Paid: \$ _____

Please tick ONLY THE ENTITLEMENTS YOU ARE CLAIMING:

<input type="checkbox"/> Proper Hourly Rate.....	<i>Please provide further details of your claim on the back of this form.</i>
<input type="checkbox"/> Annual Leave	
<input type="checkbox"/> Living Away Allow / LAHA	
<input type="checkbox"/> RDOs Each Month	
<input type="checkbox"/> Sick Leave Payments	
<input type="checkbox"/> Public Holidays	
<input type="checkbox"/> Overtime Penalty Rates.....	
<input type="checkbox"/> Travel Allowance.....	
<input type="checkbox"/> Long Service Certificate	
<input type="checkbox"/> Superannuation / CBUS..... \$ _____ / week	
<input type="checkbox"/> Redundancy / ACIRT..... \$ _____ / week	

If your claim is successfully resolved, payment will be made by EFT direct to your bank account. **Please complete the following fields:**

Account Name: _____ Bank Name: _____

BSB Number: ___ ___ ___ / ___ ___ ___ Account No. _____

PLEASE TICK your type of employment

Enterprise Agreement (EBA).....

Award

ABN / Contractor / Cash

Date Rec'd Office: ___/___/___	<i>(Office Use Only)</i>	
Date Entered: ___/___/___	Claim No: _____	_____
Company Code _____		_____
Officer:		

Employer Details	
Company Name:	
Address:	
Suburb:	Postcode:
Phone:	Fax:
Contact Person:	
Mobile:	Phone:

Site Details	
Builder:	
Site Address:	
Suburb:	Postcode:

POLICY & MEMBER ACKNOWLEDGEMENT & CONSENT

I have been advised of, understand & agree to the CFMEU's policy in respect of wage claims matters as follows: -

Where the members are financial for only part of the period of their complaint, we will only recover entitlements that were owing in the period that they were financial. For example if a person has 4 years of entitlements owed to them but has only been a member for 6 months we will only recover the entitlements owed for the 6 months.

..... ___/___/___

MEMBER SIGNATURE **DATE**

- I hereby authorise the CFMEU to act on my behalf in the recovery of any wages & entitlements owed to me. I also authorise the union to credit my membership any monies recovered on my behalf which I have not claimed within six (6) months of the finalisation of the claim. I understand I can withdraw my money any time provided it will be periodically drawn against as my dues become payable.
- I agree to maintain my financial CFMEU membership until the time the CFMEU finalises this claim. If I do become unfinancial, I will promptly contact the CFMEU and make arrangements to ensure I again become financial.
- I acknowledge that the CFMEU retains complete discretion as to whether it will represent me and/ or continue to represent me in any proceedings. In particular, the CFMEU retains discretion as to whether it will continue to represent me beyond the conciliation/ mediation stage of any proceedings.
- I also acknowledge that I have been advised there is a risk that I could be ordered to pay the employer or other party's legal costs of proceedings.

CBUS, ACIRT, UPLUS AUTHORITY:

I authorise the CFMEU, CBUS, ACIRT and UPLUS to provide and exchange personal information, as required, from my Wage Claim file and my CBUS, ACIRT or UPLUS accounts to assist the union in recovering unpaid entitlements owed to me. Such information includes but is not limited to; my birth date & address, my employers' company name(s), dates & amounts paid per employer per month, nil return dates, short-paid returns, missing monthly payments and, the date & the amount of last payment made to my CBUS/ACIRT/UPLUS account.

..... ___/___/___

PLEASE USE BACK OF FORM TO EXPLAIN YOUR CLAIM

YOU MUST WRITE DETAILS OF YOUR CLAIM here:

Your claim will not be actioned until you provide written details (below) of your claim

Example:

1. Superannuation not paid since March 2016
2. Never paid public holidays, or any annual leave (etc.)