

Wage Claim Form

Please **complete all sections** of this form

Date Rec'd Office: ___ / ___ / ____	(Office Use Only)
Date Entered: ___ / ___ / ____	Claim No: _____
Company Code: _____	

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 Addr: _____	
Date Started with Employer: ___ / ___ / ____	Date Finished with Employer: ___ / ___ / ____

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

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:

- ◆ Proper Hourly Rate.....
- ◆ Annual Leave *Please provide further details of your claim on the back of this form.*
- ◆ Living Away Allow / LAHA
- ◆ RDOs Each Month
- ◆ Sick Leave Payments
- ◆ Public Holidays
- ◆ Overtime Penalty Rates.....
- ◆ Travel Allowance.....
- ◆ Long Service Certificate
- ◆ Superannuation / CBUS..... \$ _____ / week
- ◆ 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

PLEASE NOTE: The CFMEU will actively seek donations to the Union's Fighting Fund from all members who benefit from successful wage claim settlements. Full policy at www.nsw.cfmeu.org.au/wages

POLICY & MEMBER ACKNOWLEDGEMENT & CONSENT

I have been advised of, understand & agree to the CFMEU (NSW Branch) Construction & General Division's policy in respect of wage claims matters as follows: -

- Priority in the processing of wage claims will be given to financial members of the union at all times and in particular, those who were financial members prior to the lodgement of the claim and who were financial during the period to which the claim relates.
- The Branch may pursue wage claims for new members or non-financial members on the basis that:
 - new members have paid, or agree to pay from their settlement, an amount equal to twelve months dues; or
 - non-financial members agree that where court action is not necessary to finalise the claim, on settlement of the claim an equivalent amount of union dues owing up to a maximum of 36 months and not less than 12 months will be deducted from the settlement and paid to the union.
- Where court action is necessary to finalise a claim, on settlement of the claim an amount of not more than an amount equivalent to that which would have been payable had such member joined at the beginning of the period to which the claim relates and remained financial up to the date on which the claim was lodged, will be deducted from the settlement and paid to the CFMEU NSW.

_____ / ___ / ____

MEMBER SIGNATURE **DATE**

I hereby authorise the CFMEU (NSW Branch) Construction & General Division to act on my behalf in the recovery of any wages & entitlements owed to me. I authorise the CFMEU to deduct any dues I owe to the union & any other agreed amounts, from monies the union recovers on my behalf. 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.

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.

MEMBERSHIP APPLICATION: I hereby make application to become a member of the CFMEU & the CFMEU NSW Branch and, if admitted, agree to conform to the Rules of the Union and to the wage claim policies set out herein.

_____ / ___ / ____

MEMBER SIGNATURE **DATE**

Office Use Only:
Officer: _____

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 201
2. Never paid public holidays, or any annual leave (etc.)