

Travel Green Allowance Application Form (Caregivers)

The Travel Green initiative provides an allowance of \$6 (before tax) per working day*, to a maximum of \$60 per fortnight, to be paid to permanent caregivers who walk, cycle, travel by public transport or travel as a passenger in another vehicle, to and from work.

* payable on any shift where ordinary hours are worked, irrespective of the number of hours worked. Full shifts of paid leave (eg sick, annual leave) or overtime do not attract the allowance.

Caregiver name	
Caregiver number	
Department	
Allowance start date	

- Allow two weeks' notice for the set-up of the allowance
- Elect a date that is the first working day of a pay period

I, _____ (print name and signature) declare that for as long as I receive the Travel Green allowance of \$6 per working day (to a maximum of \$60 per fortnight) I will use means, other than as the driver of my private motor vehicle, to commute to and from St John of God Murdoch Hospital. I understand that by receiving the allowance, I am forgoing my staff parking privileges at a caregiver discounted rate.

I understand that the Travel Green allowance may be amended or withdrawn at any time and I will be informed about any changes to the scheme.

If the need arises for me to drive my motor vehicle to work, I will pay the full public rate as displayed at the entrance to the car park.

I acknowledge that failure to comply with these undertakings may void my rights to the allowance.

I intend to use public transport, cycling, walking, car-pooling as my means of transport to and from work. (Please tick multiple boxes if relevant)

(Note: To ensure payment of the allowance, please scan and email your form to Payroll Murdoch division)

Ceasing the allowance

If your circumstances change and you wish to reapply for caregiver parking access and cease claiming the Travel Green Allowance, you should complete a Caregiver Parking Application Form and submit to Security and Parking department.

We will be in contact with you if your application is accepted.

Office Use Only

Payroll Department

Timesheet Autopay Processed by _____ Processing date _____
 Commencement date _____

Security Department

Staff parking access removed: Date _____ Processed by _____