

National Police Clearance REIMBURSEMENT AUTHORISATION FORM



APPLICANT DETAILS

Name:

Address:

Caregiver ID:

Division:

Hawkesbury District Health Service

Department:

REIMBURSEMENT DETAILS

Reason for reimbursement:

National Police Clearance

Note: Receipt of payment must be attached

CAREGIVER AUTHORISATION

I hereby request

\$

To be reimbursed in my next pay

Signature:

Date:

/ /

HR AUTHORISATION

I hereby authorise above
reimbursement:

\$

HR
Representative:

HR Representative signature

Date:

/ /

Payroll Office Use:

Payroll Code 666 Processed by:

Date:

Signature:

HR Use:

Alesco compliance updated:

Date:

Signature: