



# Claim for time off work form

This form is used to claim compensation for time off work by an employee who is incapacitated for work, either partly or wholly, and continues to be employed by the Australian National University (ANU). A claim for incapacity payments must be made by the employee and submitted to ANU by the employee's current employer. Email completed form to [injurymanagement@anu.edu.au](mailto:injurymanagement@anu.edu.au)

Surname

Given names

Date of birth

Claim number

Date of injury

Current employer

### EMPLOYEE TO COMPLETE

#### Periods of absence claimed:

*(note: leave can only be claimed for standard hours of duty)*

Start time  am/pm

Start date

End time  am/pm

End date

#### Reason/s for absence

*(attach a medical certificate for total incapacity, period of reduced earnings and graduated return to work. Attach an attendance certificate for leave for medical treatment)*

- Totally unfit for work
- Leave to obtain medical treatment
- Period of reduced earnings
- Graduated return to work

Employee signature

### EMPLOYER TO COMPLETE

Redetermination (for claim/s previously submitted) please tick	Periods in which partial or total absence from work occurred (periods should be submitted as <b>whole weeks</b> for all graduated return to work programs and for any total incapacity claims where incapacity is over 45 weeks)		Actual weekly hours/minutes worked (enter total for the whole week)	Actual earnings (salary paid for actual wks/hrs/ mins)
	From	To	Hours : Minutes	Dollars : Cents
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....am/pm ...../...../.....(date)	.....am/pm ...../...../.....(date)	: :	: :
Yes <input type="checkbox"/> No	.....am/pm ...../...../.....(date)	.....am/pm ...../...../.....(date)	: :	: :
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....am/pm ...../...../.....(date)	.....am/pm ...../...../.....(date)	: :	: :
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....am/pm ...../...../.....(date)	.....am/pm ...../...../.....(date)	: :	: :

### COMMENTS (must be completed if requesting a redetermination)

### COMPLETED BY

Printed name  Signature

Phone number  Date

**Privacy and your personal information:** Your privacy is important to us. For information about how we handle your personal information, please visit [www.anu.edu.au/privacy](http://www.anu.edu.au/privacy) or contact us on +61 2 6125 5111 and request a copy of our Privacy Policy.

**Public Holidays:** It is an employer's responsibility to pay an employee for a public holiday based on the conditions in the agency's enterprise agreement. ANU will treat public holidays as hours worked by the employee.

Employer and employee should keep a photocopy. Employer to forward original to: Injury Management Branch, Work Environment Group, 10B East Road, Chancelry Building, Australian National University, ACTON ACT 2601