

Employee Earning Certificate Live Organ Donor

If you require additional assistance to complete this form please contact liveorgandonation@health.govt.nz

Employer (company) details

Employer name

Payroll contact

New Zealand business number

Employer KiwiSaver contribution rate

Superannuation scheme (if not KiwiSaver)

Fund client reference number

Contribution rate

Payroll contact phone number

Payroll email address

Employee details

Family name

Given name(s)

Anticipated leave commences

Employee IRD number

Employment details

Is this employee currently on parental leave?

Yes No

If Yes, please supply earnings information for the 52 weeks prior to commencing parental leave

\$

Has the employee been employed for more than 52 weeks?

Yes No

What date did their employment begin?

Date Month Year

If it were not for the planned organ donation would this employee have continued to receive earnings from you in the next 12 weeks? Yes No

Please tick the boxes in the table below to indicate which days of the week the employee **usually** works

Work pattern	Variable	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Full day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Half day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Employment details continued

What are the employee's weekly hours in their employment agreement?

If the employment agreement isn't relevant, what were the employee's average weekly hours in the 12 weeks before they applied for compensation?

Employee earnings

What were the employee's Gross Taxable earnings for the 52 weeks prior to application to donate?

What period were these earnings earned? From

to

Unpaid leave

Were there any full days of leave without pay during the 52 weeks prior to application to donate? Yes No

From date

To date

No. of days

Unpaid sick or other leave (not donation-related)

Unpaid leave taken to be assessed to donate an organ

Unpaid leave for hospital appointment prior to surgery

ACC weekly compensation paid to employee

Plan return to work on reduced hours

Does the employee plan to return to work on reduced hours in the 12 weeks following their surgery? Yes No

If Yes, please complete:

From date

To date

No. of days

Return to work on reduced hours

Return to work on usual hours

Employer declaration

- The information I have provided is true and a complete match of the records held.
- I have authority to provide this information for this business/company.

Your name

Your position

Signature of Employer or Payroll

For help completing the form, phone: **0800 855 066**

Once you have completed the form and have all your supporting documents please either:

email everything to: liveorgandonation@health.govt.nz (email is preferred)

mail everything to: Live Organ Donor Compensation, Sector Operations, Ministry of Health PO Box 1026, Wellington 6140, New Zealand