

Employee Earnings Certificate Live Organ Donor

Please note: This is a fillable form, If you wish to fill it out on your computer you will need to download the form to your computer and save it before starting to fill it out.

If you require additional assistance to complete this form please contact claimsmanagement@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 date 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 this employee been employed for more than 52 weeks?

Yes

No

What date did their employment begin?

If it were not for the planned organ donation would this employee have continued to receive earnings from you for 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
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Full day

Half day

Does not
work

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 this 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
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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
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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 information for this business/company.

Your name

Your position

Signature of employer or payroll

Date

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

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

Email everything to: claimsmanagement@health.govt.nz

OR

Mail everything to: Live Organ Donor Compensation
Sector Operations
Ministry of Health
PO Box 1026
Wellington 6140