

Account number

Employer's email address

Bank account name

BSB number

| Code | Period (inclusive dates) | | Weeks | Days | Hours | Weekly rate | Amount |
|-------------|--------------------------|----|--------|------|-------|-------------|--------|
| (see below) | From | То | 110000 | | | 1100, 1410 | J |
| | | | | | | \$ | \$ |
| | | | | | | \$ | \$ |
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| TOTAL | | | | | | | \$ |

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- T Total Incapacity
- R Restricted duties (Return to Work Program)
- SD Step down rate (After 26 weeks rate of pay)
- T.L.V.D. Time Lost Visiting Doctor

Importan^a

- If compensation relates to time lost visiting doctor and is less than one day, show 'T.L.V.D.' against period and indicate hours lost each visit.
- Ensure that medical certificates supporting periods of absence are submitted. (Payment cannot be processed without certification).
- 3. Specify actual dates. Do not use 'week ending' or 'retrospective'.

Employer's signature

Date

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Office use only

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