

**REQUEST FOR REPLACEMENT PAYMENT SUMMARY (GROUP CERTIFICATE)****FORM 15.01a**

Macquarie University 16 July 2003

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Division/Office: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone (h): ( \_\_\_\_\_ ) \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

e-mail: \_\_\_\_\_

Period Payment Summary is requested for: 1 July \_\_\_\_\_ (year) to 30 June \_\_\_\_\_ (year)

**Please tick one**I will **collect** the Payment Summary from Workplace Relations & Services Please send the Payment Summary to my **Division/Office** address Please send the Payment Summary to my **Postal** address (above) 

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please forward this form to Workplace Relations &amp; Services, Macquarie University NSW 2109

or by fax to 61 2 9850 9748 and **allow 5 working days** for the completion of the replacement Payment Summary.

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**WRS USE ONLY**

Action \_\_\_\_\_ (inits) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date)