



CAD type

**Please complete a separate form for each placement or supply position**

Title Appointing body  
 First name Placement title  
 Surname Congregation/placement  
 Cost centre Presbytery/agency  
 Date effective from to

If supply Reason for supply  
 If not vacant, supply for (name)

**Travel allowance** Please confirm travel allowance payment arrangements for this agent

**House allowance** Please confirm house allowance payment arrangements for this agent

**Stipend and allowance rates**

|                             | Item   | Standard amounts per month for agent at 100% | Your cost for agent at |
|-----------------------------|--|--|------------------------|
| 1                           | Rate for stipend   |  | \$                     |
| 2                           | Margin on top of stipend (set amount or %)   |  | \$                     |
| 3                           | Zone allowance   |  | \$                     |
| 4                           | Travel allowance (only if paid with stipend)   |  | \$                     |
| 5                           | House allowance (only if paid with stipend)  |  | \$                     |
| 6                           | Supply Minister agreed rate  |  | \$                     |
| 7                           | Superannuation<br>(Placement only—ordained ministry agents)  |  | \$                     |
| 8                           | Superannuation guarantee (10.5%)<br>(Supply only—ordained ministry agents)<br>(Supply only—placement lay person) |  | \$                     |
| 9                           | Sickness and accident assistance plan  |  | \$                     |
| 10                          | Continuing education for ministries  |  | \$                     |
| 11                          | CEM-Travel fund  |  | \$                     |
| 12                          | WorkCover  |  | \$                     |
| 13                          | Long service leave Contribution (1.92%)  |  | \$                     |
| <b>Authorised signature</b> |  |  |                        |

Name Date Phone  
 Signature Once signed and dated, please scan and email, fax or post to the Payroll Office at: **Payroll Office**  
 The Uniting Church in Australia,  
 Queensland Synod Reply paid 674  
 Brisbane, QLD 4001  
 Position **F: 07 3377 9723**  
**E: payroll@ucaqld.com.au**

|                 |          |        |          |       |           |         |                 |
|-----------------|----------|--------|----------|-------|-----------|---------|-----------------|
| Office use only | Meridian | Fringe | ESP User | Super | Sig. date | Entered | Supply register |
|-----------------|----------|--------|----------|-------|-----------|---------|-----------------|