



## NOTIFICATION OF EMPLOYMENT STATUS

This form must be completed to advise Ministerial and Parliamentary Services of your future employment intentions following the Federal Election/By Election/Reshuffle etc.

<p><b>Options for returning your completed form</b></p> <p>Scan and Email to: <a href="mailto:MOPSPay&amp;Conditions@finance.gov.au">MOPSPay&amp;Conditions@finance.gov.au</a> or Post to: Ministerial and Parliamentary Services Department of Finance One Canberra Avenue FORREST ACT 2603</p>	<p><b>Enquiries:</b> Ministerial and Parliamentary Services Email: <a href="mailto:mpshelp@finance.gov.au">mpshelp@finance.gov.au</a> Phone: (02) 6215 3333</p>
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<b>EMPLOYEE DETAILS</b>	▶ Full name	<input type="text"/>
	▶ Office	<input type="text"/>

<b>EMPLOYMENT</b>	▶ <b>I will be</b> (select one of the following):	
	• Ceasing employment <input type="checkbox"/>	▶ on <input type="text"/> OR Declaration of Poll/End of deferral period <input type="checkbox"/>
	• Returning to Public Sector employment <input type="checkbox"/>	▶ Name of organisation <input type="text"/> on <input type="text"/> Have you contacted your agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Taking up employment with Senator/Member <input type="checkbox"/>	▶ Senator/Member's name <input type="text"/> Documentation required: New Employment Agreement and Proof of Identity is required on <input type="text"/> New email address (if known) <input type="text"/>
	• Actively seeking alternative MOP(S) Act employment, to maintain continuity of employment <input type="checkbox"/>	

<b>FINAL ENTITLEMENT</b>	▶ Not applicable <input type="checkbox"/>	
	▶ Please pay final payments to: My normal salary account <input type="checkbox"/> OR The account below <input type="checkbox"/>	
	BSB <input type="text"/> Account No. <input type="text"/>	Account name(s) <input type="text"/>

<b>CONTACT DETAILS</b>	▶ Contact details after cessation	
	Postal address	<input type="text"/>
		Postcode <input type="text"/>
	Email address	<input type="text"/>
	Daytime phone number <input type="text"/>	

<b>SIGNATURE</b>	▶ By signing this form, I acknowledge that:	
	• I understand that knowingly giving false or misleading information is a serious offence under the <i>Criminal Code Act 1995</i> .	
	• I have read and understood the Privacy Collection Notice (see below).	
	▶ In accordance with clause 64.3 of the <i>Commonwealth Members of Parliament Staff Enterprise Agreement 2016–2019</i> , if you are re-employed under the MOP(S) Act after receiving a severance benefit and the re-employment occurs during the period covered by the severance benefit, a portion of the severance benefit will be required to be repaid.	
<b>Signature of Employee</b>	<input type="text"/>	Date <input type="text"/>