

## Principal Executive Office Declaration of Remuneration

**Office**

**Employing Body**

**Office Holder**

Name

Date of initial appointment / / Date current term expires / /

PEO Band (mark box) Band A  Band B  Band C  Band D  Band E

Person Specific Band/Total Remuneration (TR) (mark box) Yes  No

Tier of Travel (mark box) Tier 1  Tier 2

**Remuneration Details**

**Superannuation** Superannuation Salary is \$  being  % of TR (normally 73%)

Compulsory employer contributions are of super salary  % (use actual percentage or notional 15.4% as appropriate)

**{A}** Compulsory employer contributions deducted from TR \$

**Non-cash benefits (including FBT)** Vehicle \$

Parking \$

Other: (please list)

|  |    |
|--|----|
|  | \$ |
|  | \$ |
|  | \$ |

**{B}** Sub – Total \$

**Cash Amount** **{C}** including salary, personal loadings & allowances \$

**TOTAL REMUNERATION (TR) (Total of all items above, ie {A}, {B} and {C})** \$

Date of effect of the above change(s) / /

Performance bonus paid  % of TR \$  for the period to \$

|                                  |    |
|----------------------------------|----|
| <b>TOTAL EMPLOYMENT BENEFITS</b> | \$ |
|----------------------------------|----|

**Declaration**

I certify on behalf of the employing body, that the above information is true and complete and that all terms and conditions, including remuneration, are in accordance with the existing PEO Determination.

Where the Tribunal has given written consent to an employing body to depart from the Determination, that should be identified in the box below.

The Remuneration Tribunal has consented to the following exceptions to the PEO Determination:

|            |  |                         |  |
|------------|--|-------------------------|--|
| Signature: |  | Date: ...../...../..... |  |
| Name       |  |                         |  |
| Position   |  |                         |  |

**Contact Officer**

|                 |  |            |  |
|-----------------|--|------------|--|
| Name            |  |            |  |
| Position        |  |            |  |
| Mailing address |  |            |  |
|                 |  |            |  |
| Email address   |  |            |  |
| Phone number    |  | Fax Number |  |

**Returning this form**

**Please return within four weeks of any variation in terms and conditions, including the approval of performance pay.**

This form can be downloaded in Word from the Tribunal's website at [www.remtribunal.gov.au](http://www.remtribunal.gov.au) and returned by:

**Mail:** Secretary  
Remuneration Tribunal Secretariat  
PO Box 281  
CIVIC SQUARE ACT 2608

**Email:** [enquiry@remtribunal.gov.au](mailto:enquiry@remtribunal.gov.au)

**Facsimile:** 02 6218 4056