

## Victims Services Department of Communities and Justice

## **Certificate of earnings form**

# Victims Rights and Support Act 2013

#### **About this document**

This form is to be used by a victim's employer, or if self-employed, by their accountant. This form is to verify a victim's claim for loss of earnings as a result of an act of violence.

#### All fields are mandatory

The information on this form is collected for the purposes of furthering the named victim's application for support under the *Victims Rights and Support Act 2013* ("the Act"). It will be stored, used, and disclosed in accordance with the Department of Communities and Justice ("the Department") privacy policy and privacy management plan, available on the Department's website at <a href="https://www.dcj.nsw.gov.au">www.dcj.nsw.gov.au</a>.

### Part A: Employee details (victim)

1. Full name

2.Date of birth (dd/mm/yyyy)

3. Residential address

4. Contact number

5.Email address

#### Part B: Employment details

6.Place of employment

7. Date employed (dd/mm/yyyy)

8.Date employment ceased (if applicable) (dd/mm/yyyy)

9.Nature of employment full-time part-time casual

10. Employee's usual work hours

11. Employee's usual weekly earnings before the act of violence (please provide an average of the employee's weekly earnings before the act of violence. Alternatively, you can attach payslips, payment summaries, or other evidence)

### Part C: Leave and other entitlements

12. Has the em	nployee received sick or of one)	ther leave entitlemen	its for the time they to	ook off as a result o	f the act of violence	
No	Yes ▶ please	Yes ▶ please provide details				
	Leave type	Date from	Date to	Amount	Paid/not paid?	
13.Has the e	employee received worker	's compensation or	other insurance bene	efits for the time th	nev took off as a	
	e act of violence? (mark				,	
No	Yes >please	e provide details				
	Leave type or ber	nefit	Date from	Date to	Amount	
art D: Detai	ils of person completi	ng this certificat	e (employer or acc	countant)		
14. Full name						
15.Position in	business					
16.Contact nu	ımber					
17. Email						

## Important note on loss of earnings

18. Signature

19. Date

Loss of Earnings is paid at a rate prescribed under the *Workers Compensation Act 1987* (NSW) which is the maximum weekly amount payable for loss of earnings. The effect of this is that if a victim is eligible to receive loss of earnings, they may not receive the full amount they would have earned had they been working.

(dd/mm/yyyy)