



PAYG Contractor Checklist:

- PAYG Contractor Details completed
- Tax Declaration completed
- Occupational Health and Safety Checklist
- Contractor Behaviour Guidelines signed
- Candidate Feedback Form completed

To ensure there are no hold-ups with your payroll, please forward above paperwork within 1 week of start date.

Rev Sept 2010



Genesis IT&T Pty Ltd • ABN: 94 122 767 006
Level 18, Bligh Chambers, 25 Bligh St, Sydney NSW 2000
Tel: 02 9236 4500 • Fax: 02 9232 4999 • Internet: www.GenesisIT.com.au





WELCOME

Welcome to Genesis IT&T. We are delighted that you have chosen your next contract role through us, and would like to take this opportunity to outline our Contractor payment procedures.

1) **Required paperwork**

We are not able to pay a Contractor until we have the following paperwork on file:

(a) If you are working through a company structure:

- A signed copy of your contract, and any future contract extensions
- Your company bank account details for direct credit purposes
- A copy of your company Workers' Compensation insurance certificate
- A copy of your company registration certificate
- Your company's Australian Business Number (ABN) for GST purposes.

(b) If you are a PAYE Contractor:

- A completed Tax File Declaration form
- Details of a complying Superannuation Fund.

2) **Timesheets**

Timesheets are submitted using an online timesheet portal called TimesheetsOnline. The portal can be accessed via our website www.genesisit.com.au or directly www.timesheetsonline.com.au/genesisitt/

To set you up on the portal we would require your email id that you would like to receive any communication/notifications regarding your timesheets. We would also require the name and email of your primary approver.

In the first week of your contract you will receive login details to the timesheets online portal. Once you have received this email, please login to the portal which will automatically take you to your profile page. Details within this secure page are your personal details. At the moment we are only entering the basic details including but not limited to Client, Pay Rate, TFN (if being paid through our payroll system), ABN (if being paid through an ABN company). You will be asked to verify these details so we recommend that you have them on hand prior to logging in.

To ensure that your wages are paid to you correctly from the first scheduled payroll, please login to verify your data by the end of your first week or before your first payroll cycle.



Every Friday afternoon you will receive a reminder about submitting your timesheet. Once you have submitted your timesheet, your approver will receive an email notification showing your timesheet and the option to accept or reject. Once your approver has accepted or rejected your timesheet you will again be notified. Each online timesheet has a Explanatory Notes section which can be used for noting:

- Work done on the weekend
- Work done on public holiday
- Eligibility for certain allowances.
- Your start and end times If you are on a daily rate but your manager wants to see this information.

If you realise that you have made an error in a timesheet and the approver has not approved, you can ask the approver to reject it and you can re-submit. Alternatively, you can contact info@genesisit.com.au or accounts@genesisit.com.au and we will re-set the timesheet for you. However, if the Approver has already approved the incorrect timesheet you will have to contact info@genesisit.com.au or accounts@genesisit.com.au and we will re-set the timesheet for you.

3) Invoices

If you are working through a company structure you must submit a tax invoice with your timesheets. The tax invoice should contain your company name and ABN, the total number of hours/days worked, the hourly/daily rate, the total amount due and the GST amount shown separately or added in the total with the words 'GST included'.

4) Payments

Payments are made every two (2) weeks in the week following the date when the timesheets and invoices are due as per the Payment Schedule. Payments can only be made if the timesheets are received on time. For company contractors the tax invoice should be sent in latest by the Friday of the week when the timesheets are due. All payments are remitted to your nominated bank account on the Thursday and credited into your account overnight. **Please ensure you complete and return the enclosed Bank Account Details form.**

5) Communication

Please inform us if any of your details (address, phone numbers, email, bank details etc) change. Please also let us know if you are taking any periods of a week or more off work, so that we know that you will not be sending in a timesheet for that period. If you have any questions on pay related issues please contact the Payroll Department on **02 9236 4500**, or email your questions directly to accounts@genesisit.com.au.





PAYG Contractor Information

Name: _____

Address: _____

Suburb _____ State: _____ Post Code _____

Phone _____ Mobile _____ D.O.B _____

Email for Timesheet Reminders _____

Email for Payslips _____
(if different to above)

Superannuation

Name of Fund _____

Member Number _____

Plan Number _____
(if applicable)

Tax File Number _____

(Please return the original TFN declaration form to Genesis to be forwarded to the ATO)

Bank Details

Bank Name _____

Account Name _____

BSB: _____/_____

Account Number: _____



**CONTRACTOR STANDARDS OF CONDUCT
& BEHAVIOURAL GUIDELINES**

Policies

During the execution of the contract the Contractor acknowledges and agrees to be governed by the Customer's policies and rules. The Contractor acknowledges that it is the prerogative of the Customer to vary, change or terminate existing policies as well as devise and introduce new ones. Compliance and awareness of the Customers policies shall be the sole responsibility of the Contractor.

Standards

The Contractor acknowledges that they will have personal contact with customers, employees, visitors, and vendors of the Customer. Accordingly it is agreed that the Contractor shall meet high standards of appearance and demeanour, and shall at all times treat customers, employees, visitors and vendors of the Customer with courtesy and respect, as is appropriate to the environment and business of the Customer.

Compliance with directions

Contractors shall comply with all of the Customer's reasonable directions whilst on site. Contractors who violate the Customer's reasonable and lawful directions or any Customer policy will be removed from site at the Customer's discretion.

Use of Customer's property

Unauthorised or inappropriate use of a Customer's IT systems, telephones, Internet, email systems and any other equipment for personal use is prohibited. In the event of such unauthorised use of the Customer's property, the Contractor shall either be billed for such use or removed from site at the Customer's absolute discretion.

Confidentiality

The Contractor acknowledges that all details of the Customer's material, including but not limited to software, documentation and plans, will be kept confidential at all times both during and after the termination of this contract. The Contractor must not, and must not allow, any part of the material to be duplicated, disclosed to others or on-sold to any other party. The result of all work produced under this contract is the property of the Customer and the Customer will be deemed to be the sole owner. The Contractor agrees to assign to the Customer all interest, right and title to such work and agrees to sign any additional documents that may reasonably be required by the Customer to prove such assignment. All material, facilities, books and records will be returned to the Customer on the completion of this contract.

I understand and accept the Contractor Standards of Conduct and Behaviour guidelines;

NAME _____ **SIGNATURE** _____ **DATE** _____

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NOTICE OF LEAVE

Contractor Name: _____

Period of Leave:

From: _____

To: _____ (inclusive)

Number of Days: _____

Contractor Signature: _____

Date: _____

Manager Signature: _____

Date: _____

PLEASE FAX SIGNED LEAVE FORM TO 02 9232 4999

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Occupational Health and Safety (OH&S) Checklist

This checklist is aimed at ascertaining the extent to which you have been made aware of the OH&S Policy and Procedures on the site at which you are employed.

We are requesting that the form, once completed, be passed on to a relevant manager within the organisation to be verified and signed, and then returned to us at Genesis IT&T for our records.

- Read and understood the Client's OH & S Policy
- Understood the Client's Emergency Procedures
- Knowledge of Emergency Personnel (e.g. contact information of First Aides)

I, _____, do hereby acknowledge that I have received the
(Contractor name)

required Occupational Health and Safety training.

Contractor's Signature

Date

Site Manager's Signature

Date

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Occupational Health and Safety Policy Statement

Genesis IT&T Pty Ltd is committed to Occupational Health and Safety and to the provision of a working environment that is safe and healthy for all who work in it.

The Occupational Health and Safety Policy applies to all people at all worksites.

This statement has been developed by the management of Genesis IT&T Pty Ltd, in consultation with the OH & S Committee, as a summary of our current policy and is in the best interest of the health and safety of all employees, contractors and visitors.

It is OUR POLICY to:

- Establish a healthy and safe working environment for all employees;
- Maintain an effective OHS program aimed at the prevention of injury and illness;
- Provide resources to support the OHS Program and ensure Genesis IT&T's commitment to Occupational Health and Safety;
- Comply with statutory health and safety requirements.

POLICY SUCCESS depends upon:

- Effective management through consultation and communication with employees and contractors;
- Provision and maintenance of safe equipment and appropriate training.

YOUR INVOLVEMENT in this policy is crucial.

Managers and Supervisors are responsible for:

- MAINTAINING a safe workplace;
- PROMOTING a safe & healthy workplace
- ENSURING compliance with safe working procedures;
- ASSESSING risks associated with new processes, equipment or premises;
- RESPONDING to unsafe practices, environment and equipment;
- CONSULTING staff with any decisions that affect their health, safety & welfare at work.

Employees are responsible for:

- FOLLOWING standard operating procedures in order to maintain their own safety and the safety of their workmates (fellow workers);
- CO-OPERATING with managers and supervisors in the identification, assessment and control of hazards and risks;
- REPORTING all unsafe work practices, work conditions and equipment when they are identified, to their managers.

Contractors are required to:

- ADOPT Genesis IT&T's OHS principles in the work that they conduct for and on the behalf of Genesis IT&T;
- ADHERE to the OHS requirements of the tender process;
- WORK with Genesis IT&T's management & staff to ensure the safety of all their employees.

Kind Regards,

Simon Voysey
Managing Director

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CONTRACTOR EXPENSE CLAIM FORM

Contractor Name _____

Date _____ / _____ / _____

<i>Category</i>	<i>Date</i>	<i>Description</i>	<i>Total Amount</i>
Travelling (Taxis, Tolls, Parking Fees)			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$ -
Meals and Accommodation			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$ -
Others (Please specify)			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$ -
TOTAL FOR REIMBURSEMENT			\$ -

Signed: _____ Date: _____

Approved by: _____ Date: _____



Tax file number declaration

This declaration is NOT an application for a tax file number. Please print neatly in BLOCK LETTERS and use a BLACK or DARK BLUE pen. Print X in the appropriate boxes. Please ensure you read all the instructions prior to completing this declaration.

PAYER'S copy
www.ato.gov.au

Section A - to be completed by PAYEE

1 Your tax file number (TFN) refer to the cover for privacy information

OR I have made a separate application/enquiry to the Tax Office for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am a pensioner.

2 Do you authorise your payer to give your TFN to the trustee of your superannuation fund or to your retirement savings account (RSA) provider? Yes No

3 Your name Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

4 If you have changed your name since you last dealt with the Tax Office, show your previous family name

5 Your date of birth DAY MONTH YEAR / /

6 Your home address in Australia

Suburb or town

State Postcode

7 On what basis are you paid? (Select one only.) Full-time employment Part-time employment Casual employment Labour hire Superannuation pension or annuity

8 Are you an Australian resident for tax purposes? Yes No If 'No', you must answer 'No' at question 9.

9 Do you wish to claim the tax-free threshold from this payer? NOTE: If you have more than one source of income and currently claim the tax-free threshold from another payer, DO NOT claim it now. Yes No If 'No', you must answer 'No' at questions 10 and 11 unless you are a non-resident claiming a Senior Australians tax offset or a zone tax offset respectively.

10 Are you claiming a reduced rate of withholding for either family tax benefit or Senior Australians tax offset? Yes If 'Yes', obtain a Withholding declaration from your payer, but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No

11 Are you claiming a zone, dependent spouse or special tax offset? Yes If 'Yes', obtain a Withholding declaration from your payer. No

12 (a) Do you have an accumulated HECS debt? Yes If 'Yes', your payer will withhold additional amounts to cover your anticipated compulsory repayment(s). No

(b) Do you have an accumulated Financial Supplement debt? Yes If 'Yes', your payer will withhold additional amounts to cover your anticipated compulsory repayment(s). No

13 Do you wish to claim entitlements to a deductible amount or tax offset for an annuity or superannuation pension? Yes If 'Yes', your superannuation provider or the organisation that sold you your annuity will work out your entitlement. No

Declaration: I declare that the information I have given is true and correct.

Signature

There are penalties for deliberately making a false or misleading statement.

Date DAY MONTH YEAR / /

Section B - to be completed by PAYER

1 Australian business number (ABN) Branch number (if applicable)

[or withholder payer number (WPN) if not in business (see notes on page 4)]

If you have not been issued with an ABN or WPN, or you cannot find the ABN or WPN issued to you, phone 13 28 66.

Date ABN or WPN requested DAY MONTH YEAR / /

2 Registered business or trading name (or individual name if not in business)

3 Business address

4 If you have ceased making payments to this payee, print X in this box.

5 Contact person

Daytime telephone during business hours Area Code

Signature of payer

Please note: Penalties apply where you fail to forward the original to the Tax Office.

DAY MONTH YEAR / /

Return completed original Tax Office copy to:

For WA, SA, NT, Vic and Tas
Australian Taxation Office
PO Box 795
Albury NSW 2640

For NSW, Qld and ACT
Australian Taxation Office
PO Box 9004
Penrith NSW 2740