

CEPU Wage Claim Complaint



Wage Claim No:

Date:

Date joined Union:

MEMBER DETAILS

Name: Contact No:

Address:

D.O.B.: Union No: Finacial: YES/ NO Outstanding: \$

C+Bus No: ACIRT No: L.S.L No:

Date Commenced Employment: Date Finished Employment:

Redundancy amount per week: \$: Redundancy last date paid:

Super amount per week: \$: Super last date paid:

MEMBER BANKING DETAILS

Bank Name:

Account Name

BSB Number

Account Number

I hereby authorise the CEPU – Plumbing Division (NSW Branch) to proceed on my behalf and deduct any monies I owe to the Union from monies the Union recovers on my behalf. I also authorise the Union to credit my membership any monies collected on my behalf which I have not claimed within six (6) months of the finalisation of the claim. I understand I can withdraw my money any time provided it will be periodically drawn against as my dues become payable.

.....
Member's Signature

EMPLOYER'S DETAILS

Employer:

Address:

Phone: Fax:

Contact Person: Phone:

SITE DETAILS

Builder: Site Delegate:

Address:

OFFICE USE ONLY

Organiser:

Date Opened:

Date Closed:

Please Use the back of this form to explain your Wage Claim accompanied with copies of payslips, records etc, and return to your Area Union Official or post to:

CEPU – Plumbing Division (NSW Branch)

Shop 1, 111 McEvoy Street, Alexandria NSW 2015

Ph: 93103411 Fax: 93103411

