

Tweed Heads: Incorrect Overtime Payments

Dear Member,

Late last year, your HSU Sub Branch started a campaign regarding incorrect payments when staff do overtime.

If you haven't yet, please take the time to fill out the attached survey and give it to your HSU Sub Branch Committee or scan and email it to peter.kelly@hsu.asn.au. Please return the survey by Friday 17 January 2020.

For those staff who are not yet members of the HSU but are affected by this issue, your HSU Sub Branch passed a motion to assist any new member with this issue despite that fact that it is a pre-existing issue prior to joining the HSU. Simply complete the membership form also attached to this newsletter and return it along with your completed survey.

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD

HSU Overtime Claim Form

Name

Occupation/Classification

Worksite

Email

Mobile

Overtime - following a shift (double)

Do you get paid 1st meal allowance after 2 hours overtime?

Yes or No

Do you get paid 2nd meal allowance after 6 hours overtime?

Yes or No

Do you get paid 3rd meal allowance after 10 hours overtime?

Yes or No

Overtime - when recalled to work after leaving your worksite

Do you get paid 1st meal allowance after 4 hours overtime? Yes or No

Do you get paid 2nd meal allowance after 8 hours overtime? Yes or No

Do you get paid 3rd meal allowance after 12 hours overtime? Yes or No

Paid meal breaks whilst on overtime

Did you get paid for your meal breaks or were you deducted 30 mins for each break?

Yes or No

Health Services Union

Phone: 1300 478 679 • Fax: 1300 329 478 • E-mail: info@hsu.asn.au



[/HealthServicesUnionNSW](https://www.facebook.com/HealthServicesUnionNSW)



[hsunsw](https://twitter.com/hsunsw)

Authorised by: **Gerard Hayes - Secretary HSU NSW/ACT/QLD**





Health Services Union

Level 2, 109 Pitt Street
Sydney, NSW 2000

Phone: 1300 478 679
Fax: 1300 329 478

Web: www.hsu.asn.au
E-mail: info@hsu.asn.au

Twitter: <https://twitter.com/hsunsw>

facebook: <https://www.facebook.com/HealthServicesUnionNSW>

ABN 85 037 751 682

I wish to become a member of the HSU New South Wales Branch and Health Services Union

Surname: Given Name(s):

DOB: Occupation/Classification:

Worksite:

Employment Status (please tick one box below): Department / Ward

What is your Award Classification?

Full Time Part Time Casual Hours worked per week

Home Address:

Postcode:

*E-mail:

Home Phone: Mobile:

Work Phone:

Signature:

Date: / /

HSU Delegate Name:

HSU Delegate Membership No:

By signing this membership form, you agree to the terms and conditions of our privacy policy, which can be accessed at <http://www.hsu.asn.au/privacy-policy/> and you consent to us collecting, using, holding and disclosing your information as detailed therein. If you do not consent to any aspect of our privacy policy as it applies to you, please notify the Privacy Officer in writing attention to Privacy Officer - HSU Locked Bag 3 Australia Square NSW 1215

Payment Method: Direct Debit Request

Please debit my Bank/Credit Card account

Fortnightly

Please start my Fortnightly Debit on / / (day/month/year)

Monthly

All Monthly debits occur on the first of every month.

Note: where your debit day (fortnightly / monthly) falls on a public holiday, your account will be debited on the next business day

I request you, until further notice in writing, to debit my/our account described in the schedule above, any amount which HSU (user ID No. 017797) / HSU NSW Branch (user ID 428556) may debit or charge me through the Direct Debit System.

ORGANISER REMARKS / NOTES

Bank Account Details - Name of the account holder (Schedule)

Surname: Given(s):

BSB Number: Account Number:

Name of Financial Institution:

Credit Card Payment

Please charge my; Mastercard Visacard American Express

Card No:

\$

Expiry Date: /