ANNEXURE 4 (b) – ongoing employees

Milestone 2 Report – Employee Statement (see Funding Deed Clause 3.2 and Schedule Clause 4)

Business Name:	
Application number:	
I,	, of
	(Emmlarga addmaga)
an employee of	(Employee address) (Business name)
declare that my wages have been paid and t	that my superannuation contributions have been fully acknowledged in relation to my employment
with	
My other entitlements including but not lim	(Business name) nited to recreation leave have also been acknowledged by my current employer.
Signature of employee	Signature of witness
Dated	Name of witness
Note: Please provide a statement for all em	aployees of the grantee covering all entitlements.
I wish to receive further information	n about Australian Government assistance for Tasmanian forestry workers.