



Australian Government

Comcare

Claim for Time off work form

This form is used to claim compensation for time off work by an employee who is incapacitated for work, either partly or wholly, and continues to be employed by the Commonwealth or ACT Government. A claim for incapacity payments must be made by the employee and submitted to Comcare by the employee's current employer.

Surname

Given names

Date of birth / /

Claim number

Date of injury / /

Current employer

EMPLOYEE TO COMPLETE

Periods of absence claimed:

(note: leave can only be claimed for standard hours of duty)

Start time am/pm

Start date / /

End time am/pm

End date / /

Reason/s for absence

(attach a medical certificate for total incapacity, period of reduced earnings and graduated return to work. Attach an attendance certificate for leave for medical treatment)

- Totally unfit for work
- Leave to obtain medical treatment
- Period of reduced earnings
- Graduated return to work

Employee signature

Privacy and your personal information: Your privacy is important to us. For information about how we handle your personal information, please visit www.comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.

EMPLOYER TO COMPLETE

Redetermination (for claim/s previously submitted to Comcare) (please tick)	Periods in which partial or total absence from work occurred (periods should be submitted as whole weeks for all graduated return to work programs and for any total incapacity claims where incapacity is over 45 weeks)		Actual weekly hours/minutes worked (enter total for the whole week)	Actual earnings (salary paid for actual wks/hrs/ mins)
	From	To	Hours : Minutes	Dollars : Cents
<input type="checkbox"/> Yes <input type="checkbox"/> Noam/pm/...../.....(date)am/pm/...../.....(date)	: :	: :
<input type="checkbox"/> Yes <input type="checkbox"/> Noam/pm/...../.....(date)am/pm/...../.....(date)	: :	: :
<input type="checkbox"/> Yes <input type="checkbox"/> Noam/pm/...../.....(date)am/pm/...../.....(date)	: :	: :
<input type="checkbox"/> Yes <input type="checkbox"/> Noam/pm/...../.....(date)am/pm/...../.....(date)	: :	: :

COMMENTS (must be completed if requesting a redetermination)

COMPLETED BY

Printed name Signature

Phone number Date / /

Public Holidays: It is an employer's responsibility to pay an employee for a public holiday based on the conditions in the agency's enterprise agreement. Only the hours the employee actually worked that week (including any hours the employee would have worked on the public holiday if it were not a public holiday) should be included in 'Actual weekly hours/minutes worked'.

Employer and employee should keep a photocopy. Employer to forward original to: Comcare GPO Box 9905 Canberra ACT 2601.