ANNEXURE 4 (a) ceased employees

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

Business Name: Application number:		
I,	, of(Employee address)	
an employee of		
	(Business name)	
declare that I have been paid all entitlements of	owing to me in relation to my employment with	(Business name)
Signature of employee	Signature of witness	
Dated	Name of witness (print)	
· ·	ployee of the grantee covering all entitlements. bout Australian Government assistance for Tasmanian force	estry workers.