



## GPI POLICY - ANNEX C TO OH&S – INJURY BENEFIT FORM

**This form is to be completed by the relevant Division manager and HOD then forwarded to GPI Government Treasurer.**

**Employees Name:** \_\_\_\_\_

**Job title:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Wage: \$** \_\_\_\_\_

**Authorised By:**

**HOD:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Division manager:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Start payment date:** \_\_\_\_\_

**Finish payment date:** \_\_\_\_\_

*Note: A copy must go in employees file.*

Date Policy last reviewed: 21<sup>st</sup> October 2021  
Date Policy due for next review: October 2023