

Homelessness Assistance & Community Managed Housing, SHASP

Relief Staff Verification Form

This letter is to verify that:				
<i>Name(s) of Trainee(s)</i>				
of:				
<i>Name of Agency</i>				
attended a training event:				
<i>Name(s) of Course(s)</i>				
was replaced by relief staff on the dates below:				
Date	Replacement Staff	Hours Worked	Hourly Rate \$	Total \$
<p>Please Note:</p> <ul style="list-style-type: none"> The maximum rate per person per day for relief staff is \$133 Please Attach this completed and signed letter to the Training Reimbursement Claim Form. Relief staff claims are valid only for 24hour crisis support services <p>I declare the above information to be true and correct of relief paid.</p> <p>Manager/Board Member: Date:</p>				

A completed Relief Staff form and receipts should be attached to the Reimbursement Claim Form and mailed to:

Claim forms and receipts should be mailed to:
 Leonie Lockwood
 Workforce Development Officer
 Service Improvement Team
 Level 23, 50 Lonsdale Street, Melbourne, 3000

