**A Request for a Temporary Reduction in Remuneration**

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| **Name:** |
| **Parish/Location:** |
| Employment Status  Full Time  Part Time  Casual |

I, (full name) advise that with regard to the financial pressures on the parishes and other entities of the Anglican Diocese of Grafton created by the outbreak of COVID-19 and the restrictions put in place by governments, the Diocese, and within the community, request that:

* my before tax remuneration be decreased by $ per month;
* my before tax remuneration be decreased by %;
* my paid work be reduced to days/hours (strike out one) per week; (strike out whichever does not apply)

for the period of months and the funds released by this action be donated to:

* + The Anglican Diocese of Grafton COVID-19 Support Fund;
	+ The Parish of of the Anglican Diocese of Grafton to assist with general operating expenses;
	+ The Anglican Diocese of Grafton to assist with general operating expenses;
	+ No donation to be made. (strike out whichever does not apply)

In making this request I confirm that I have not been coerced and make this offer freely to support the continued engagement of other paid churchworkers of the Diocese.

I also understand that:

* These arrangements may be cancelled or extended by me with one week’s written notice;
* These arrangements do not affect the accrual of leave entitlements;
* In making these arrangements, the Diocese and any local decision makers do not have authority to cancel, extend or otherwise vary these arrangements without my written permission and this does not become a basis for my entitlements after the COVID-19 impacts have passed;
* These arrangements are not a bar to my being lawfully stood down from my paid position if the Diocese finds such action necessary;
* The Diocese may choose to decline this request.

Request made by: Witnessed by:

Name: Name:

Signature: Signature:

Date:

Request approved by:

The Right Reverend Dr Murray Harvey Christopher Nelson

Bishop of Grafton Registrar, Anglican Diocese of Grafton

Signature: Signature:

Date: Date:

COPY OF SIGNED FORM PROVIDED TO PERSON MAKING REQUEST AND PAYROLL OFFICER