



1st Floor,
33 George Street, Launceston
PO Box 590, Launceston 7250
DX 70112, Launceston
Telephone: (03) 6336 4800

Self Employed Replacement Allowance

FORM R

TOLL FREE 1800 006 224
Facsimile: (03) 6336 4848
Email: info@maib.tas.gov.au
Website: www.maib.tas.gov.au

To enable you to be reimbursed, please provide the following information.

Claimant's Personal Details

Surname

Given Names

Home Address

State Postcode

Date of Employment	Duties Performed	Time Started	Time Finished	Hours Worked

Total hours worked _____ at a rate per hour of \$ _____

Total Hours _____

= \$ _____

I certify that I have received from the above claimant \$ _____

Employee's Signature

Date

Employee's Address (printed)

Employee's Name (printed)

Declared by claimant

Signature

Date