Permitted Worker Permit  
(Regional Victoria)

Important: This form is to be issued to enable a person who ordinarily resides in the Restricted Area (that is, metropolitan Melbourne) to attend a Work Premises outside of the Restricted Area.

This form can only be issued in accordance with Permitted Worker Permit Scheme Directions (No 3) as amended from time to time. If it is not issued in accordance with the Permitted Worker Permit Scheme Directions (No 3), it is invalid.

Individuals are not required to carry permits before 2.59pm Thursday 13 August 2020.

|  |  |  |
| --- | --- | --- |
| **Employer details** | | **[“Employer”]** |
| Company name |  | |
| ABN |  | |
| Company address |  | |
| Trading name  [If different to company name] |  | |
| Permitted industry/activity |  | |

|  |  |  |
| --- | --- | --- |
| **Employee details** | | **[“Employee”]** |
| Full name |  | |
| Date of birth |  | |
| Residential address | (this address is within the Restricted Area, that is, metropolitan Melbourne) | |
| Permitted Role for on-site work |  | |

|  |
| --- |
| **Employee work location [**If different to company address] |
|  |
| [If more than one, must be accompanied by a log recording each work location, and date and time of attendance] |

## Signed

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** |  | | **Employee** |
| [Employer representative signature]  [Date]  By signing this permit, the **Employer** confirms compliance with the Permitted Worker Permit Scheme Directions (No 3), including**:**   * attests that the workplace is compliant with the directions of the Chief Health Officer and the *Occupational Health and Safety Act 2004,* all reasonable steps have been, and will continue to be taken, to maintain a safe working environment for a current employee; * attests that the information provided in this Permitted Worker Permit is a true representation relating to a current employee and their employment details; * acknowledges that the nominated representatives may be contacted if deemed necessary to confirm these details; and * acknowledges the information provided by the Employer in this Permitted Worker Permit is true and correct, and that presenting false, misleading or fraudulent information may incur penalties. | | [Employee signature]  [Date]  By signing this permit, the **Employee**:   * attests that their name, address, work hours, place of work, and Employer, as contained in this Permitted Work Permit are true and correct, and that presenting false, misleading or fraudulent information may incur penalties; * acknowledges that the nominated representatives may be contacted if deemed necessary to confirm these details and provides consent to the disclosure and collection of this information; * understands the wording in this Permitted Work Permit relating to Diagnosed Persons and Close Contacts and if notified that they are either a Diagnosed Person or a Close Contact they will not attend or remain at the Work Premises and will immediately notify the Employer of this; and * understands that if they develop symptoms or potential symptoms of COVID-19 they will not to attend or remain at the Work Premises and will immediately notify the Employer of this. | |

## Penalties

Completing this document with false or misleading information may cause you to be in breach of the Permitted Worker Permit Scheme Directions (No 3) and liable to penalties up to $19,826.40 (individuals) and $99,132 (bodies corporate).

## Hours of work

* Fill in **either Table 1 or Table 2**,as appropriate for the Employee’s working situation.
* Enter the Employee’s start and finish **times** for each day of the stage 4 restriction period.
* You do not need to include meal breaks or the total number of hours worked each day.
* Leave days **blank** or mark with an **X** when the Employee is not scheduled to work.

****Table 1: Full-time employee (or working the same hours each week)****

| **Rostered / scheduled work times** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| All weeks | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| *[Example only]* | *8.30–5.00* | *8.30–5.00* | *8.30–5.00* | *X* | *8.30–5.00* | *X* | *X* |
| 3 Aug 2020 –  13 Sep 2020 |  |  |  |  |  |  |  |

Table 2: Part-time or casual employee (or working irregular hours each week)

| **Rostered / scheduled work times** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week | Commencing | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| *[Example only]* | | *11.00–5.00* | *X* | *8.30–6.00* | *9.00–5.00* | *9.00–5.00* | *10.00–6.00* | *X* |
| 1 | 3 Aug 2020 |  |  |  |  |  |  |  |
| 2 | 10 Aug 2020 |  |  |  |  |  |  |  |
| 3 | 17 Aug 2020 |  |  |  |  |  |  |  |
| 4 | 24 Aug 2020 |  |  |  |  |  |  |  |
| 5 | 31 Aug 2020 |  |  |  |  |  |  |  |
| 6 | 7 Sep 2020 |  |  |  |  |  |  |  |

## Statement from the Employer

I acknowledge that the Employee ordinarily resides in the Restricted Area (that is, metropolitan Melbourne) and declare that the Employer has taken all reasonable steps to avoid the necessity for the Employee to attend the Work Premises, but the Employer has determined that it is not reasonably practicable for the Employee to work from the premises at which the Employee ordinarily resides or another suitable premises which is not the Work Premises.

**Issued by nominated representative of the Employer**

| Nominated representative | | Secondary contact | |
| --- | --- | --- | --- |
| Full name |  | Full name |  |
| Title / Role |  | Title / Role |  |
| Phone number |  | Phone number |  |

## Diagnosed Persons and Close Contacts

If a person is a Diagnosed Person or Close Contact for the purposes of the Diagnosed Persons and Close Contacts Directions (No 9) that person cannot be provided with a Permitted Worker Permit or permitted to attend or remain upon work premises.

An employer who completes a Permitted Work Permit for a person who is a Diagnosed Person or Close Contact may be in breach of the Permitted Worker Permit Scheme Directions (No 3) and liable to penalties.

If an employee is displaying symptoms or potential symptoms of COVID-19, the employee must not attend or remain at the Work Premises and must immediately notify the employer of these symptoms.