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| Under the Workplace Directions issued by the Public Health Commander (DHHS) all staff who work at more than one Work Premises for two or more different employers must provide a written declaration to each employer they work for confirming:1. The name(s) of the other employer(s) and2. the location(s) of the other Work PremisesThe Workplace Directions also require the employer(s) of a staff member who works for another employer to maintain a record of staff who are working across more than one Work Premises.Please complete the following information and sign to acknowledge that the information is correct and accurate.  |
| Staff Name |       |
| Contact Number |       |

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| --- | --- | --- |
| Business name of other employer | Location/Address | Work/shift days (e.g. Monday afternoon) |
|       |       |       |
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Staff Acknowledgement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the above information is correct and accurate and that I understand that I must inform my manager if the above information were to change.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_