

**Final Nursing Pay Equity Payment
Application Form for Previous Employees who terminated from
1st January 2020**

Previous District / DHB information (PLEASE COMPLETE A FORM FOR EACH DISTRICT/DHB)	
First Name	_____
Last Name	_____
Employee ID	Previous District/ DHB
_____	_____
Start Date	End Date
_____	_____
<i>Please attach any supporting documents such as Certificate of Service</i>	
Tax Code	_____
<i>If your tax code has changed since you worked at your previous District, please complete the attached IR330 and send it with your email request.</i>	
Current Bank Account	_____
Kiwisaver contribution%	_____
<i>If you are no longer a Kiwisaver member please advise</i>	
Current Statutory deductions	_____
<i>i.e. Child Support / Tax Arrears / Court Deductions</i>	
Signature	Date
_____	_____

Please complete and return a form to the relevant Payroll Team at all previous DHB/District employers. Correct email addresses for each District have been provided in the FAQ sheet & below.

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DISTRICT	EMAIL
Auckland	askHR@adhb.govt.nz
Bay of Plenty	employeesolutions@bopdhb.govt.nz
Canterbury	people@cdhb.health.nz
Cap Coast	payrollsupport@ccdhb.org.nz
Counties Manukau	staffservicecentre@healthsourcenz.co.nz
Hawkes Bay	payroll@hbdhb.govt.nz
Hutt Valley	payroll@huttvalleydhb.org.nz
Lakes	HR.Help@lakesdhb.govt.nz
MidCentral	Payroll.Support@midcentraldhb.govt.nz
Nelson Marlborough	payroll@nmdhb.govt.nz
Northland	payroll@northlanddhb.org.nz
South Canterbury	payroll@scdhb.health.nz
Southern	Payrollhelp@southerndhb.govt.nz
Tairāwhiti	Payroll.Support@tdh.org.nz
Taranaki	Payroll.Helpdesk@tdhb.org.nz
Waikato	HRCOE@waikatodhb.health.nz
Wairarapa	RES-HREnquiries@wairarapa.dhb.org.nz
Waitemata	staffservicecentre@healthsourcenz.co.nz
West Coast	people@cdhb.health.nz
Whanganui	payroll@wdhb.org.nz