

22 November 2011

Dear Provider

Sleepover Wages (Settlement) Act 2011

Background

Under the Sleepover Wages (Settlement) Act 2011 (the Act), there is provision for the settlement of the 'sleepovers' issue for health and disability employers funded through Vote: Health and their employees funded by the Crown.

You have registered your intention to join the Act. In order to agree to a proposed settlement agreement, the Crown must be satisfied of the additional funding required by the employer, both in relation to back wages and the staged progression to the minimum wage by 1 July 2013.

Any settlement is conditional on the approval of the Ministry.

Information Requirements

The information requirements of your organisation are as follows:

1. two completed templates (available on request by emailing projects@nzdsn.org.nz) for:
 - all back wages owed to qualifying employees, using the formula set out in Clause 19 of the Sleepover Wages (Settlement) Act 2011 (Sleepovers Act),
 - Transition Period One, on the second worksheet, which will also calculate payments for Transition Period Two. **This information will also be used to calculate Transition Periods Three and Four.**

The summary worksheets must be attached in hard copy to this signed letter AND the Excel files must also be emailed to sleepoversettlements@moh.govt.nz

2. full list of ERA claimants as provided to you by the Employment Relations Authority (ERA). The Ministry also requires copies of the letter(s) received from the ERA
3. signed authorisation below by your organisation's CFO or CEO for all information provided

Conditions

In order for the Ministry to sign the proposed settlement agreement and begin the Order in Council process, the following conditions must be met:

- a copy of the proposed settlement agreement ratified and signed by both employers and their employees or their representatives is provided
- the agreement complies with the Sleepover Act and Ministry requirements for a contract variation
- all financial information provided has been verified.

Declaration

This must be signed by your Organisation's CEO or CFO

I attest that all of the information provided is accurate and complete to the best of our knowledge. I have:

- attached the completed summary backwages template **and**
- attached the completed summary Transition One template (which includes Transition Period Two) **and**
- attached the full list of ERA claimants, and copies of the claimant letters received from ERA **and**
- emailed the completed backwages and Transition One templates to sleepoversettlement@moh.govt.nz

_____ (signature)

_____ (designation)

_____ (name)

Contact Information

Organisation : _____

Contact Name and Address: _____

Contact Phone & Email: _____

Please forward the hard copy information to:

Christy Richards
Ministry of Health
PO Box 5849
Dunedin 9058

You will receive an email acknowledgement of receipt of this signed letter from the Ministry. If you have any queries email projects@nzdsn.org.nz with your questions or telephone 04 4999 876.

Yours sincerely



Mark Powell
Group Manager – Contract and Information Support
National Health Board