

# Piecework Agreement

Agreement between:

STARTSWORK PTY LTD

(Employer)

and

(Employee)

The Employer and the Employee agree to enter into this Piecework Agreement (**Agreement**) under clause 15 (pieceworkers) of the *Horticulture Award 2010 [MA000028]* (**Award**). The Employer and Employee mutually agree as follows:

1. The work to be performed under this Agreement is as described below (**Work**) :
  - (1) Planting (Plants);
  - (2) Planting (Other);
  - (3) Plant Care / Management;
  - (4) Picking;
  - (5) Packing;
2. The minimum piecework rate/s which must be paid by the Employer to the Employee for performing the Work is as specified in **Schedule A** to the Agreement.
3. The Employee is employed as a casual employee.
4. The date this agreement start is \_\_\_\_\_ / \_\_\_\_\_ / 2023 .

Employers signature:	Employee signature:
Print Name: <b>Seongmin Yun</b>	Print Name:
Date:	Date:
Position : <b>Director</b>	

# SCHEDULE A

## Piecework rates

Starting date : \_\_\_\_\_ / \_\_\_\_\_ / 2023

Property name : ANA Juicy Berry

Property address : 157 Burys Road, Beerwah QLD 4519

	<b>Piecework rate (1) Planting (Roots):</b>
<b>\$ per unit</b>	Minimum of \$0.04 per plant
<b>Crop type:</b>	Berry
<b>Variable(s)*</b>	Available product volume Product quality Weather Conditions

	<b>Piecework rate (2) Planting (Plug):</b>
<b>\$ per unit</b>	Minimum of \$0.04 per unit
<b>Crop type:</b>	Berry
<b>Variable(s)*</b>	Available product volume Activity type: Dripper placement, Other Weather Conditions

	<b>Piecework rate (3) Plant Care/Management :</b>
<b>\$ per unit</b>	Minimum of \$0.01 per plant
<b>Crop type:</b>	Berry
<b>Variable(s)*</b>	Available product volume Maintenance type : Pruning, Trimming, Other Weather Conditions

	<b>Piecework rate (4) Picking :</b>
<b>\$ per unit</b>	Minimum of \$0.55 per Kg
<b>Crop type:</b>	Berry
<b>Variable(s)*</b>	Available product volume Product quality Weather Conditions

	<b>Piecework rate (4) Packing :</b>
<b>\$ per unit</b>	Minimum of \$0.10 per punnet
<b>Crop type:</b>	Berry
<b>Variable(s)*</b>	Available product volume Product quality Weather Conditions

# **STRAWBERRY INDUSTRY - CONDITIONS OF EMPLOYMENT**

1. All successful applicants are expected to work the entire season. If this is not possible and time off is required for holiday etc. this should be discussed before employment commences.
2. Employment is on a casual basis under the Horticultural Award and is subject to termination without notice. All pickers and packers are employed on a piece work agreement. This can be changed to an hourly rate if the employer deems necessary.
3. Saturday, Sunday and public holidays are considered to be part of normal working week consisting of and six days out of seven.
4. The normal weekly hours are variable depending on the fruit available at the time.
5. Start and Finish times may vary from day to day but are typically BETWEEN 7am to 5pm.
6. The work is all weather work for ALL employees. i.e rain included.
7. SEVEN days notice should be given to STARTSWORK Pty Ltd if you wish to terminate your employment. It is Responsible to provide as much notice as possible prior to leaving employment.
8. Employees are expected to notify STARTSWORK P/L by phone if they are unable to attend work at least 12 hours prior to commencement.
9. Vehicles driven onto the property are to be parked in the designated area and at the car owner's own risk.
10. Employees are required to be on the farm at least 10 minutes before starting time and be prepared to start work at starting time.
11. Employees are required to limit the range of tasks to that which he/she is able to safely perform.
12. Employees are required to give a contact number.
13. Smoking is permitted only in designated areas. Smoking is definitely NOT permitted in the strawberry patches, packing shed, toilets, car park or other such areas not clearly marked.
14. Bad language will not be tolerated.
15. STARTSWORK wishes to maintain a workplace free from all forms of harassment and discrimination. Employees are expected to conduct themselves in accordance with the attached Anti-discrimination and Sexual Harassment Policy. Any employee who sexually or racially harasses another employee is subject to instant dismissal.
16. Rest periods are of 10 minutes duration every four hours. but pickers may be allowed additional time to come in from the field and return.
17. No overtime is paid unless there has been a specific request made by STARTSWORK Pty Ltd or it's representative that overtime be worked.
18. In order to maintain productivity, conversations are to be kept to a minimum whilst working.

Australian Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

# **STRAWBERRY INDUSTRY - CONDITIONS OF EMPLOYMENT**

## **SUPERANNUATION**

All Employees who earn over \$450 (gross) per month are entitled to 9.5% superannation. This amount is paid quartely by employer.

Please notify which superannuation fund you would like this money to be deposited into.

There is a "*Choie of superannuation fund-Standard choice form*" for you to complete.

If you do not secect a fund and complete this form., money will be automatically be transferred to Sunsuper is a non-profit fund for rural based industries.

## **EMERGENCY CONTACT IN AUSTRALIA**

In case of an emergency (Name & Contact number) : \_\_\_\_\_

## **TRAINING REGISTER**

I HAVE READ/RECEIVED AND UNDERSTOOD THE TRAINING FOR :

Trainer's Name : \_\_\_\_\_

<b>TRAINING POLICY</b>	<b>DATE</b>	<b>EMPLOYEE'S SIGNATURE</b>	<b>TRAINER'S SIGNATURE</b>
Fresh Care Policies			
Safe Work Environment			
Manual Handling			
Hand Washing			
General Fruit Handling			
Clothing/ Sun Block			
Allergens control Procedure			
Infectious Diseases			
Fruit Picking			
Fruit Packing			

## **Fair Work Information Statement & Schedule A Contract Agreement**

STARTSWORK Pty Ltd have provided me with a copy of the Fair Work Information Sheet. I have read and understood this statement. I have been provided with a copy of my signed Schedule A Acontract Agreement.

Signed : \_\_\_\_\_



# Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

## Section A: To be completed by the PAYEE

**1 What is your tax file number (TFN)?**

For more information, see question 1 on page 2 of the instructions.

- OR I have made a separate application/enquiry to the ATO for a new or existing TFN.
- OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.
- OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

**2 What is your name?** Title: Mr  Mrs  Miss  Ms

Surname or family name

First given name

Other given names

**3 If you have changed your name since you last dealt with the ATO, provide your previous family name.**

**4 What is your date of birth?** Day   / Month   / Year

**5 What is your home address in Australia?**

Suburb/town/locality

State/territory    Postcode

**6 On what basis are you paid? (Select only one.)**  
Full-time employment  Part-time employment  Labour hire  Superannuation or annuity income stream  Casual employment

**7 Are you an Australian resident for tax purposes?** (Visit [ato.gov.au/residency](http://ato.gov.au/residency) to check) Yes  No

**8 Do you want to claim the tax-free threshold from this payer?**  
Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.  
Yes  No  Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

**9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?**  
Yes  Complete a *Withholding declaration* (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No

**10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?**  
Yes  Complete a *Withholding declaration* (NAT 3093). No

**11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?**  
Yes  Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

**(b) Do you have a Financial Supplement debt?**  
Yes  Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

**DECLARATION by payee:** I declare that the information I have given is true and correct.  
Signature  Date Day   / Month   / Year

You MUST SIGN here

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

## Section B: To be completed by the PAYER (if you are not lodging online)

**1 What is your Australian business number (ABN) or withholding payer number?**

Branch number (if applicable)

**2 If you don't have an ABN or withholding payer number, have you applied for one?**  
Yes  No

**3 What is your legal name or registered business name (or your individual name if not in business)?**

**4 What is your business address?**

Suburb/town/locality

State/territory    Postcode

**5 Who is your contact person?**

Business phone number

**6 If you no longer make payments to this payee, print X in this box.**

**DECLARATION by payer:** I declare that the information I have given is true and correct.  
Signature of payer  Date Day   / Month   / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:  
Australian Taxation Office  
PO Box 9004  
PENRITH NSW 2740

**IMPORTANT**  
See next page for:  
■ payer obligations  
■ lodging online.



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Sensitive (when completed)



For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

## Section A: Employee to complete

### 1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an  in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate  Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate  Complete items 2, 4 and 5

The super fund nominated by my employer (in section B)  Complete items 2 and 5

### 2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

**!** You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

### 3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

### Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

#### 4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

  

Suburb/town

State/territory

  

Postcode

   

Fund phone

        

Fund electronic service address (ESA)

Fund bank account

BSB code (please include all six numbers)

     

Account number

         

#### Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

#### 5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

Signature

Date

Day

Month

Year

  /   /   

Return the completed form to your employer as soon as possible.

## Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

**!** Sign and date the form when you give it to your employee.

### 6 Your details

Business name

ABN

Signature

Date

Day / Month / Year  
  /   /

### 7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

## Section C: Employer to complete

**!** Complete this section when your employee returns the form to you with section A completed.

### 8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

**!** If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received   /   /

Date you act on your employee's choice   /   /

**!** Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

### PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.