

Please email the completed form to support@novopay.govt.nz

Important: Do not attach forms for more than one employee to the same email message

Mandatory fields are marked with an asterisk (*). These fields MUST be completed.

Please refer to the Novopay website (www.novopay.govt.nz) for Education Payroll Limited's Privacy Statement on the storage, collection, and sharing of personal information Version 1.3.

Use this form: (Before completing this form, please read the Novo12acc form instructions on the Novopay Website)

- To record all ACC leave that your employee has taken (this includes future dated ACC leave)
- To advise the pay centre of any hours worked whilst on ACC (if applicable)
- To advise the pay centre of any changes to a leave period (e.g. to change the leave end date)

Please Note:

- A separate Novo12acc Form must be completed for each position at your school
- Medical certificates are not required for completing/submitting this form, but this will dictate the end date to use
- ACC leave cannot be booked by schools via NOL
- Advise your employee that they need to contact ACC to request weekly compensation
- If ACC has sent the school either of the following forms - send directly to Novopay for completion

ACC3 Employee Earning Certificate and/or ACC38 Earnings Certificate for Assessing Abatement.

- For help completing the Accident Leave Novo12acc, please click [HERE](#)

Identifying Details

1. School Number *

2. School Name *

Personal Details

3. MOE Number *

4. Full Name *

5. Also Known as

Work Pattern/Roster

6. Employee Status *

Part-time

Full-time

Standard Hours Per Week pre injury

7. Do they have a Work Pattern? *

Yes - go to field 8

No. skip to field 9

8. Pre Injury Work Pattern/Roster * (**important: must match Standard Hours Per week as shown above**)

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total Hours
	Hour	Min	Hour	Min	Hour	Min	Hour	Min	Hour	Min	Hour	Min	Hour	Min	
Week 1															
Week 2															

9. Type of Injury *

Please select one of the following:

Work related Accident

Non Work related Accident

Mandatory fields are marked with an asterisk (*). These fields MUST be completed.

Version 1.3.

Leave Bookings Details

- Use this section if employee is not working any hours i.e. is on full ACC leave
- If employee is working partial duties go to partial Duties section.

10. Booking Type *	11. Job Number *	Period Absent (dd/mm/yyyy)		14. Leave code* <small>Scroll down in the field to see all available ACC leave codes</small>
		12. Start date *	13. End date *	

Partial Duties Details

- Use when employee is working partial hours (e.g. gradual return to work plan)
- If your employee required help during their partial duties, i.e. someone worked alongside them, please complete fields 21 & 22
- The end date **must** match the start date as the form requires daily leave. If the employee will be working recurring amount of hours per day for the week/fortnight, please refer to the instructions for more information
- **Please advise hours worked for each day of the week, including when the employee does not work any hours for that day as we will need to book fully unfit leave for this date**

15. Booking Type *	16. Job number*	Period Worked (dd/mm/yyyy)		19. Hours worked per day *		20. Leave Code* <small>Scroll down in the field to see all available ACC leave codes</small>	21. Does your employee require assistance while completing their tasks?*
		17. Start date *	18. End date *	Hour	Min		

22. I certify that the employee has agreed in writing to have any overpayment that relates to this instruction deducted from their next available pay

23. Comments (Additional information or Instruction)

Signatures * Principal or nominated signatory – school authorisers' cannot sign changes to their own payroll information.

Authorisers' Signature

Authorisers' Name

Designation

Date dd/mm/yyyy