

**Mental Health and Addiction Pay Equity Settlement**

**Confirmation from Employer to Funder that Funding Agreement is varied by Settlement Agreement**

***To be emailed to*** [***MHApayequity\_implementation@MOH.govt.nz***](mailto:MHApayequity_implementation@MOH.govt.nz) ***no later than 6 July 2018 in order to receive funding.***

**To** Ministry of Health and Funding District Health Board(s)

Name(s) of Funding District Health Board(s) or Ministry of Health as Funder

On behalf of:

*Legal name of Employer*

I **acknowledge and understand** that the Mental Health and Addiction Support Workers (Pay Equity) Settlement Agreement 2018 (**Agreement**) was agreed between the Parties on 18 April 2018 and:

1. the Agreement will be implemented through legislation via an amendment to the Care and Support Workers (Pay Equity) Act 2017;
2. the legislation will not be in place on the Settlement Date of 1 July 2018, which is the date from when all funding is payable;
3. to enable lawful payment of all funding before the legislation is in place, the Agreement deems amendments to Funding Agreements between Funders and Employers;
4. to achieve that deemed variation, without legislation, a confirmation (in writing) by Employers to their Funder that their Funding Agreements is varied is required;
5. once this confirmation is signed and provided to my Funder, our Funding Agreement is varied and this will enable the funding to be lawfully payable from 1 July 2018;
6. payment of the funding will occur before 1 August 2018;
7. the deemed variation ceases when the legislation commences (the legislation will deem existing funding contracts varied);
8. this document is the written confirmation for that purpose.

I **confirm and agree** that based on those acknowledgements and understandings**:**

1. the Employer has advised their Employees of the settlement; and
2. the Employer will use the Retrospective Funding to pay their Employees Back Pay within 1 month of receiving that funding; and
3. that the Employer will pay their Employees the appropriate Pay Rates from the first pay period following receipt of Funding; and
4. having authority to sign this confirmation on behalf of the Employer;
5. the Funding Agreement between the Employer and the Funder is varied accordingly for the period from 1 July 2018 to the date that the legislation commences.

Signed on behalf of:

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(Legal Name of Employer)

By

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position signatory holds with Employer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Date*)