



# LONG SERVICE LEAVE AUTHORITY LONG SERVICE LEAVE CLAIM FORM



**Which Scheme/Industry?** (Please (✓) tick one box)  Construction  Cleaning  Community  Security

**Personal Details**

Registration No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Photo I.D. Required**  
(Copy of Driver's Licence,  
Proof of Age Card or Passport)

Employee Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Street \_\_\_\_\_

**This is the address  
your payment  
will be posted to**

Suburb \_\_\_\_\_

State \_\_\_\_\_

Post Code \_\_\_\_\_

Type of work performed \_\_\_\_\_

Contact Phone No \_\_\_\_\_

**Interstate Service**

If you are registered and have service recorded in an interstate long service leave scheme you may add this service to your ACT payment.

State \_\_\_\_\_

Registration No. (if known) \_\_\_\_\_

State \_\_\_\_\_

Registration No. (if known) \_\_\_\_\_

**Workers Compensation**

Have you been on workers' compensation for over 6 months since 1 October 1981?

Yes / No (Circle)

If yes, for what period? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Tax file Number**

Your Tax File Number \_\_\_\_\_

The Authority is required to deduct tax from your payment. You have no legal obligation to quote a tax file number. However, if you do not provide a tax file number tax will be deducted from your payment at the highest rate. A PAYG Payment Summary will be provided by the Authority.

**Details about your current or last employer**

Are you currently employed in the **relevant** industry?

Yes

Employer's Name – **Employer's Declaration** Section to be completed.

No

Who was your last employer in the relevant industry? \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date you finished

Were you made redundant from your last employer? Yes / No (Please Circle)

**Amount of Long Service leave**

Do you wish to claim **all** your long service leave?

Yes

Date you wish to start your long service leave: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

No

I wish to take \_\_\_\_\_ weeks and \_\_\_\_\_ days' leave (minimum 2 weeks)

Period of your long service leave: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(first day of leave) (last day of leave)

**(PLEASE COMPLETE PAYMENT DETAILS ON REVERSE SIDE)**

✓ I acknowledge that I have read the privacy information on the back of this claim form.

**Employee Signature**

Signature to claim \_\_\_\_\_

(Photo I.D attached/enclosed)  (Tick Yes)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Employers Declaration**

Business Name \_\_\_\_\_

Employer Registration No. \_\_\_\_\_

The above employee has elected to claim long service leave under the Long Service Leave (Portable Schemes) Act 2009. As his/her employer I declare that;

- He /she has not been paid a long service leave entitlement by this business for this period of leave; and
- I give him/her permission to take long service leave for a period of

\_\_\_\_\_ weeks' and \_\_\_\_\_ days' leave starting from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(first day of leave) (last day of leave)

Person authorising leave (print name) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position in firm \_\_\_\_\_

Contact Phone No. (for enquires) \_\_\_\_\_

**EMPLOYERS PLEASE**

**NOTE:**

Long service leave paid by the Authority does not include public holidays. You are required to pay your employee for any public holidays which fall within your employee's period of long service leave (if your employee would normally receive payment for those days).

**Street Address:**

National Associations Centre  
Unit 8  
71 Constitution Ave, Campbell

**Postal Address:**

Reply Paid 234  
CIVIC SQUARE ACT 2608

**Office Hours** 8.30am to 4.30pm

Freecall 1800 655 060  
Phone (02) 6247 3900  
Fax (02) 6257 5058

