



LONG SERVICE LEAVE AUTHORITY LEAVING THE INDUSTRY CLAIM FORM



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

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

Personal Details

Registration No: _____

Date of Birth _____/_____/_____

Employee Surname _____

Given Names _____

This is the address
your payment
will be posted to

Street _____

Suburb _____

State _____

Post Code _____

Type of work performed _____

Contact Phone No. _____

**Interstate
Service**

If you are registered and have service recorded in an interstate portable 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
last employer &
previous long service
leave payments**

Who was your last employer in the relevant industry in the ACT?

Employers Name _____

Date you finished _____/_____/_____

***Please note there is a legislative compulsory 20 week waiting period from your cease date before your payment will be made.**

*Were you made redundant from your last employer? Yes No

*Have you been paid any long service leave directly by your employer for any period of service recorded in the portable long service leave scheme? Yes No

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 _____/_____/_____

STATUTORY DECLARATION

**Statutory Declarations
Act 1959**

(1) I, _____ (full name)

Items (1) to (4) to be completed by the person making the declaration

(2) of _____ (residential address)

(3) _____ (current occupation)

do solemnly and sincerely declare that I have permanently ceased work in the relevant industry as an employee and will instead be working as a

(4) _____ (proposed work)

Item (5) to be signed before a Justice of the Peace, Commissioner of Declarations or a person eligible to witness a Statutory Declaration

(5) _____ (signature of person making declaration)

Declared at _____ (place where declaration was made)

On the _____ day of _____ 20____ (date declaration made)

Item (6) to be completed by the person witnessing the Statutory Declaration

(6) Before me _____ (signature of witness)

_____ (full name & title of witness)

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

