

Application for Payment of Long Service Leave

PART 1 To be completed by employee claiming on own behalf or by the personal representative of a deceased employee

PERSONAL DETAILS:

Last Name First Names
Postal Address Suburb Post Code
Date of Birth Phone Registration Number
Email

PAYMENT DETAILS:

For payment to a Bank Account please provide the following details:

Bank Branch Number Account Number
Bank Branch

Account holder name/s (eg. AA Smith)^

^(This must be your personal account or a joint account including you.)

If you are registered in another state or states, please list them:

State	Registration No.

Please Note: if you have interstate service, all service will be paid out. Part payments of interstate service cannot be processed.

REASON FOR CLAIM:

Tick appropriate boxes to show reason for claim:

- A. I wish to apply for _____ weeks and _____ days of long service leave. I am aware that I cannot work while on leave and that MyLeave pay claims based on a 5 day week (Monday - Friday).
First day of leave _____ Last day of leave _____
- B. I am a Working Director and am aware that I cannot work while on leave. Penalties apply.
I have supplied copies of: PAYG 3 recent pay slips 3 corresponding bank statements
- C. I am finishing/have finished on site with my employer on _____ and I wish to be paid my entitlement. *See Note 1.
- D. I am the personal representative of a deceased employee claiming the entitlement. *See Note 2.

*Note 1: If you are no longer working in an eligible job in the construction industry your application must be treated as a termination. Claiming a termination payment means that you will break your service for long service leave purposes. This means that you must work a further 7 years (1540 days) in the construction industry before you qualify for another entitlement with MyLeave. A termination application cannot be lodged with MyLeave any earlier than the week in which you finish.

*Note 2: Personal representative means the spouse or defacto partner of the deceased or the executor of the estate. A death certificate and in the case of an executor, proof of authority to act as the executor. In the case of a spouse a copy of the marriage certificate if available or other evidence such as a joint bank account. In the case of a defacto partner evidence of the relationship such as a joint bank account, joint ownership of property or other supporting information as set out in Section 13A of the Interpretation Act, must be supplied.

Please fill in your
Tax File Number

IMPORTANT INFORMATION FOR ALL CLAIMS:

1. A person may only make 3 long service leave applications for every 10 years of service. To make an initial claim employees must have at least 7 years (1540 days) service. There are no exceptions.
2. A fully completed long service leave application where all information is correct takes approximately 2 - 3 weeks to process. If the application is received early it may be paid up to 2 weeks before the leave is due to start.
3. The rate of pay used is the average ordinary rate of pay for the last 12 months of service days (220 service days) recorded in the Scheme for you. This rate may differ to your current rate of pay.

DECLARATION:

I confirm that the information above is correct and I hereby give permission for MyLeave to obtain from my current and any previous employers any necessary information regarding pay details and payment records in order to process this claim.

Signature of employee or personal representative

Date

PART 2 (over page)

PART 2 To be completed by the employer only

Business Name

Registration Number

Name of Contact

Phone

Email Address

PLEASE ANSWER THESE 8 QUESTIONS SO THAT WE CAN PROCESS THE CLAIM.1 What is the employee's on site **job role /classification** (eg. plumber, carpenter)? Please be descriptive as possible.NOTE: **A full list of duties must be included for supervisors.**2 How many **ordinary hours** do they work? _____ per day. Do they accrue any RDO's? Yes No, if yes how many per week?**IMPORTANT:** If ordinary hours are **more than or less than** 7.6 per day, please provide the full name and reference number of the agreement/s (EBA/s) registered with Fair Work or individual flexibility agreement specifying otherwise (if applicable):3 What is the employee's **current rate of pay?** \$ _____ per hour / week. **Are they a casual employee?** Yes NoNOTE: For **casuals who are paid a flat rate** for all hours worked, provide the flat rate of pay above (inclusive of casual loading)For **casuals who work varying hours** and where contributions are based on hours worked, please tick this box: For **salaried employees**, please note their annual salary amount here _____ and tick this box: 4 Have there been any **other pay rates** over the last 12 months? If insufficient space below, please attach Yes No

Rate per hour / Salary: \$ _____ Start date: _____ End date: _____

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Rate per hour / Salary: \$ _____ Start date: _____ End date: _____

5 If the employee **receives allowances while on annual leave** (excluding leave loading) Please note them below:

Allowance: _____ Rate(hr/day/week): \$ _____ Start date: _____ End date: _____

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Allowance: _____ Rate(hr/day/week): \$ _____ Start date: _____ End date: _____

6 Have you **paid long service leave directly** to the employee? Yes No

IF YES: From: _____ To: _____ Total gross amount: \$ _____

7 Tick the **reason for this claim:**A. The above employee has been granted _____ weeks and _____ days of long service leave.

First day of leave: _____ Last day of leave: _____

B. The above employee has resigned, terminated or finished on site on _____, The reason for termination is not serious misconduct but is: Bona-Fide Redundancy Approved Early Retirement Scheme Invalidity OtherC. The above employee has been terminated for serious misconduct on:D. The above employee is deceased, Their last day of work was:8 Has the **employee terminated** since you completed your last quarterly return? Yes No

IF YES: How many days will you record on your next return for the time worked from the start of the quarter until their termination? _____ days.

Additional Information (if required): _____

DECLARATION:

1. I declare that the above information is true and correct as at the date stated below.

2. I am aware that the employee is unable to work while on long service leave and that penalties may apply for breach of this requirement.

Signed for Employer _____ Job Title

Print Name _____ Date