

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 _____ Email Address _____

Suburb _____ State _____ Post Code _____

Type of work performed _____ Mobile Phone No (Contact Phone No) _____

This is the address your payment will be posted to

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:

Trevor Pearcey House
 Unit 1, 28 Thynne Street, BRUCE ACT 2617

Postal Address:

Reply Paid 234
 CIVIC SQUARE ACT 2608
 Email: enquiry@actleave.act.gov.au

Office Hours 8.30am to 4.30pm

Freecall 1800 655 060
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