



LONG SERVICE LEAVE AUTHORITY
LONG SERVICE LEAVE **PAYMENT** 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 _____ Email Address _____

Suburb _____ State _____ Post Code _____

Type of work performed _____ Mobile Phone No (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
current or last
employer**

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

Yes _____
Employer's Name – **Employer's Confirmation** Section to be completed.

No _____
Who was your last employer prior to current employer? _____ Date you finished _____

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

**Amount of long
service leave**

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

Yes
 No I wish to take _____ weeks and _____ days' leave (minimum 2 weeks) as a payment.

(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 ____/____/____

**Employees
Declaration**

I hereby declare that I have elected to claim my long service leave under the Long Service Leave (Portable Schemes) Act 2009 as a **payment**, rather than long service leave.

Furthermore I also declare that there has been no duress from my employer to take any portion of my long service leave entitlement as a **payment**, rather than long service leave.

**Employers
Confirmation**

Name of Employee/Declarant _____ Signature _____ Date ____/____/____

Name & Position of Employer Representative _____ Signature _____ Date ____/____/____

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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