



# LONG SERVICE LEAVE AUTHORITY REIMBURSEMENT TO EMPLOYER CLAIM FORM



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

**Employee Details**

Registration No. \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

If you do not know the Employees' current address provide the last known address

Employee Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_ Phone No \_\_\_\_\_

If the employee is registered and has service recorded in an interstate long service leave scheme, you may add this service to your ACT payment.

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

**Employer Details**

Employer's Business Name \_\_\_\_\_ Registration No. \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Contact Name (for enquiries) \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

**Details of Employees' Long Service Leave**

**Period of service with your business:**

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ to last work date prior to long service leave payout or cease date \_\_\_\_/\_\_\_\_/\_\_\_\_

The employee's employment with this business has been terminated: Yes / No (Circle one)

**Reason for termination:**  employee resigned  terminated by employer  retirement  death  domestic necessity  illness/incapacity  misconduct  Other (specify) \_\_\_\_\_

**Employment**  Casual  Full-time  Part-time \_\_\_\_\_

**Details:** Number of days worked per week: \_\_\_\_\_ Usual Number of hours worked per week: \_\_\_\_\_

**For Part-Time/Casual Employee's** - Number of hours payment calculated on: \_\_\_\_\_

**Long service leave entitlement:**

The employee has been engaged by this business for \_\_\_\_\_ years and accrued a total of \_\_\_\_\_ weeks' and \_\_\_\_\_ days' long service leave for the full period of his/her employment.

**All long service leave payments made to the employee (current and previous payments):**

	Start date	Finish date	Date Paid	Number of weeks' Long Service Leave Paid	Weekly Wage	Gross Payment
1.	____/____/____	____/____/____	____/____/____	_____	\$ _____.	\$ _____.
2.	____/____/____	____/____/____	____/____/____	_____	\$ _____.	\$ _____.
3.	____/____/____	____/____/____	____/____/____	_____	\$ _____.	\$ _____.

**Certification by Employee**

I elect to claim my long service leave under the *Long Service Leave Act 1976* and declare that I have been paid long service leave for the period specified above.

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

Employee signature \_\_\_\_\_ Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Employer to provide proof of payment (payslip or other pay advice) if employee signature cannot be obtained.**

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

**Postal Address:**  
PO Box 234  
CIVIC SQUARE ACT 2608

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