



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.

LONG SERVICE LEAVE AUTHORITY

Payment Details Please indicate how you would like to receive your payment. Please (✓) tick one box.

By Cheque (Mailed) Cheque (Collect) Direct Credit (Please complete below account details)

Account Details

Payments will be directly deposited into your **business or personal** account (joint accounts are acceptable), not into credit card accounts.

Bank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch (Where Bank Account was opened)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BSB Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your account name/s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Check your BSB and account number with your bank, credit union or building society. (The number on your plastic access card is not your Account number or BSB number)</small>																							
Note – the Long Service Leave Authority will not accept liability for funds deposited into the wrong account due to an error in the BSB or Bank Account number provided.																							

Certification By Employer I declare that all of the information given in this claim form is correct. I also declare that the relevant employee was given the option to claim his/her long service leave entitlement under the *Long Service Leave (Portable Schemes) Act 2009*, but instead elected to claim his/her benefits under the *Long Service Leave Act 1976*. I Make this declaration with the knowledge that a false or misleading statement is an offence and may result in a penalty under the provision of section 5 of the *Long Service Leave (Portable Schemes) Act 2009*.

I acknowledge that I have read the privacy statement outlined below

Signature of employer to claim

Date signed

Privacy Statement

The Long Service Leave Authority (the **'Authority'**, 'we', 'our' and 'us') is collecting personal and other information in this form to process the claim for payment of portable long service leave entitlements in accordance with either Section 88, Section 89, Section 89A, Schedule 1 section 1.9, Schedule 2 section 2.9, Schedule 3 section 3.10 & Schedule 4 section 4.10 of the Long Service Leave (Portable Schemes) Act 2009 (ACT) (the '**Act**'). We collect, use, disclose and manage personal information in accordance with the Territory Privacy Principles under the *Information Privacy Act 2014 (ACT)*.

The Authority may also collect personal information: from reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes), such as if an application is made to the Authority for payment of a long service leave entitlement under a corresponding law in another State or Territory.

The Authority will use personal and other information to: process an application for payment of long service leave entitlements; maintain and update details in the applicable workers register(s); otherwise administer the portable long service leave scheme(s) applicable; administer the Authority's general business requirements; meet our legal and regulatory obligations, including as a Territory Authority; undertake surveys, monitoring, analysis and evaluation of the portable long service leave schemes and the Authority's performance of its functions and activities; communicate with stakeholders; respond to enquiries and feedback; and provide information about our activities, events, news and publications.

Without certain personal information, we will be unable to process an application for payment of long service leave entitlements.

The Authority may disclose personal information to: our contracted service providers, (e.g. information communications and technology providers who help us to manage our databases and other information technology needs; auditors; actuaries; and for surveys, monitoring, analysis and evaluation purposes); reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes); an authorised representative; our external advisers; and as otherwise authorised or required by law (e.g. when we remit tax on leave payments to the Australian Tax Office).

Our privacy policy (available at <http://www.actleave.act.gov.au/privacy-policy.html>) contains further information about how to access and correct personal information, how complaints about a breach of privacy can be lodged, as well as further information about how we will manage personal information.