



# LONG SERVICE LEAVE AUTHORITY LONG SERVICE LEAVE 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 \_\_\_\_\_

Street \_\_\_\_\_

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

Type of work performed \_\_\_\_\_ 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).

# 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 **personal** account (joint accounts are acceptable), not into business or credit card accounts.

Bank	<input type="text"/>
Branch (Where Bank Account was opened)	<input type="text"/>
BSB Number	<input type="text"/>
Account number	<input type="text"/>
Your account name/s	<input type="text"/>

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)

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.

**Employee’s privacy**

The Long Service Leave Authority (the ‘**Authority**’, ‘we’, ‘our’ and ‘us’) is collecting personal and other information in this form to process the employee’s claim for payment of portable long service leave entitlements in accordance with either [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 your personal information:** from reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes), such as if you apply to the Authority for payment of a long service leave entitlement under a corresponding law in another State or Territory.

**The Authority will use your personal and other information to:** process your application for payment of long service leave entitlements; maintain and update your details in the applicable workers register(s); otherwise administer the portable long service leave scheme(s) applicable to you; 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 you; respond to enquiries and feedback; and provide you with information about our activities, events, news and publications.

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

**The Authority may disclose your 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); your 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 you can access and correct your personal information, how you can complain about a breach of your privacy, as well as further information about how we will manage your personal information.