



**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 _____

Suburb _____

State _____

Post Code _____

Type of work performed _____

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.

Name of Employee/Declarant _____

Signature _____

Date _____ / _____ / _____

**Employers
Confirmation**

Name & Position of Employer Representative _____

Signature _____

Date _____ / _____ / _____

Street Address:

National Associations Centre
Unit 8, 71 Constitution Ave, CAMPBELL

Postal Address:

Reply Paid 234
CIVIC SQUARE ACT 2608

Office Hours 8.30am to 4.30pm

Freecall 1800 655 060
Phone (02) 6247 3900
Fax (02) 6257 5058

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"/>
	<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.