

If you are a working director, sole trader or a partner in a partnership with no employees, complete the Contractor / Working Director Registration form instead.

For help completing this form email enquiry@actleave.act.gov.au

Privacy – Information on this form is collected under the *Information Privacy Act 2014*. Before completing this form, you must read the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

Scheme / Industry	Building and construction ☐	Community sector ☐	Services ☐	Security ☐
	Type of work performed			

Employer details	Business name			
	Trading name(s)			
	Street address			
		State	Postcode	
	Postal address (if different to above)			
		State	Postcode	
Email				
Contact phone number				

Contact person's details This person will be contacted regarding returns	Full name			
	Position in the organisation			
	Email			
	Contact phone number			

Business details	Type of business:	ABN	ACN
	Company ☐	Registered office address	
Working Director with employees ☐		State Postcode	
Partnership ☐	Full name / Names of all partners		
Sole trader ☐			
Non-profit / Charity / Other ☐			
Trust ☐	ABN		
	 For a Trust, a scanned copy of the Trust Deed must be provided with this completed form.		

Previous registration details	Have you previously been registered in the ACT Portable Long Service Leave Scheme?	No ☐ Yes ☐	Registration number
			Date you resumed work in the ACT
	Have your employees commenced work in the ACT?	No ☐ Yes ☐	Date the work commenced in the ACT
Tick this box if you have not yet commenced work and you require an interim certificate			☐

Employer's declaration

I declare that:

- the information provided on this form is true and correct in every detail.
- I will notify ACT Leave in writing and provide full details if there is a change.

I acknowledge that:

- ACT Leave may refuse this application if the information provided is incomplete, false or misleading. An authorised officer may request further information to be provided.
- giving false or misleading information is a serious offence under section 338 of the *Criminal Code 2002*.
- I have read and agree to the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

You can sign this form electronically or print and sign by hand.

Employer's
signature

Position

Date

Return this form and all supporting documents:

- by email to: enquiry@actleave.act.gov.au, or
- by post to: ACT Leave PO Box 264 Jamison Centre ACT 2614

Employee details

You can continue to complete this form to register your employees.
If you have **more than 7 employees**, please contact us to register them.

Employee

Registration
no. (if known)

Type of work
performed

Surname

Given names

Postal
address

State

Postcode

Date of birth

Contact phone
number

Email

See **Notes** at the bottom of Page 2 before completing this information for each employee.

Start date

Cease date
(if applicable)

Gross ordinary wages
(or for construction industry, 5 day week gross wage)

\$

Gross ☐

5 day ☐

Number of days worked (construction industry only)

Notes

Construction industry only – Returns are completed quarterly (Jan - Mar, Apr - Jun, Jul - Sep, Oct - Dec). For backdating service, provide the employee's total days worked and gross ordinary wages, or 5 day week gross wage, from their start date to either 31 March, 30 June, 30 September or 31 December (whichever date is closest to today's date).

Other industries – Returns are completed quarterly (Jan - Mar, Apr - Jun, Jul - Sep, Oct - Dec). For backdating service, provide the employee's gross ordinary wages from their start date to either 31 March, 30 June, 30 September or 31 December (whichever date is closest to today's date).

Clear

Save

Print

Employee

Registration no. (if known)		Type of work performed	
Surname			
Given names			
Postal address			
		State	Postcode
Date of birth		Contact phone number	
Email			
Start date		Cease date (if applicable)	
Gross ordinary wages (or for construction industry, 5 day week gross wage)	\$	Gross ☐	5 day ☐
Number of days worked (construction industry only)			

Employee

Registration no. (if known)		Type of work performed	
Surname			
Given names			
Postal address			
		State	Postcode
Date of birth		Contact phone number	
Email			
Start date		Cease date (if applicable)	
Gross ordinary wages (or for construction industry, 5 day week gross wage)	\$	Gross ☐	5 day ☐
Number of days worked (construction industry only)			

Employee

Registration no. (if known)		Type of work performed	
Surname			
Given names			
Postal address			
		State	Postcode
Date of birth		Contact phone number	
Email			
Start date		Cease date (if applicable)	
Gross ordinary wages (or for construction industry, 5 day week gross wage)	\$	Gross ☐	5 day ☐
Number of days worked (construction industry only)			

Employee

Registration no. (if known)		Type of work performed	
Surname			
Given names			
Postal address			
		State	Postcode
Date of birth		Contact phone number	
Email			
Start date		Cease date (if applicable)	
Gross ordinary wages (or for construction industry, 5 day week gross wage)	\$	Gross ☐	5 day ☐
Number of days worked (construction industry only)			

Employee

Registration no. (if known)		Type of work performed	
Surname			
Given names			
Postal address			
		State	Postcode
Date of birth		Contact phone number	
Email			
Start date		Cease date (if applicable)	
Gross ordinary wages (or for construction industry, 5 day week gross wage)	\$	Gross ☐	5 day ☐
Number of days worked (construction industry only)			

Employee

Registration no. (if known)		Type of work performed	
Surname			
Given names			
Postal address			
		State	Postcode
Date of birth		Contact phone number	
Email			
Start date		Cease date (if applicable)	
Gross ordinary wages (or for construction industry, 5 day week gross wage)	\$	Gross ☐	5 day ☐
Number of days worked (construction industry only)			

Clear

Save

Print