

For help completing this form email compliance@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 ☐

Employee details

Registration number	
Surname	
Given names	
Postal address	
	State Postcode
Date of birth	
Contact phone number	
Email	

Employer details

List all employers you are missing service from

Employer 1

Business name	
ABN (if known)	
Street address	
	State Postcode
Contact phone number	
Period of employment	Date from to
What work did you do for this employer?	
Which state or territory did you work in (e.g. ACT, NSW)?	
Were you an:	Employee ☐ Contractor ☐ Apprentice ☐

Employer 2

Business name	
ABN (if known)	
Street address	
	State Postcode
Contact phone number	
Period of employment	Date from to
What work did you do for this employer?	
Which state or territory did you work in (e.g. ACT, NSW)?	
Were you an:	Employee ☐ Contractor ☐ Apprentice ☐

Employer 3

Business name			
ABN (if known)			
Street address			
	State	Postcode	
Contact phone number			
Period of employment	Date from		to
What work did you do for this employer?			
Which state or territory did you work in (e.g. ACT, NSW)?			
Were you an:	Employee ☐	Contractor ☐	Apprentice ☐

Employer 4

Business name			
ABN (if known)			
Street address			
	State	Postcode	
Contact phone number			
Period of employment	Date from		to
What work did you do for this employer?			
Which state or territory did you work in (e.g. ACT, NSW)?			
Were you an:	Employee ☐	Contractor ☐	Apprentice ☐

Evidence of missing service

Provide one or more of the following documents for each employer you are missing service from.

- PAYG payment summaries for the period(s) of employment you are claiming missing service.
- At least 3 payroll slips – from start, middle, end of employment.
- Employment contract(s).
- Employment separation certificate(s) if applicable.
- Any other documents you think appropriate – give details below

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Employee'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.

Employee's signature

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Date

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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