ACT Government | ACT Leave

ACT Leave
Reimbursement to Employer Claim Form

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 ☐

Employer details

Registration number

Business name

Postal address

State Postcode

Contact person's name

Email

Contact phone number

Employee details

Registration number

Date of birth

Surname

Given names

Current (or last known) address

State Postcode

Employee's long service leave details

Period of service with your business

Start date

Last date of work prior to long service leave, or work cease date

Has the employee's employment with this business been terminated?

No ☐

Yes ☐ Reason for termination

- ☐ Employee resigned
- ☐ Terminated by employer
- ☐ Other (specify below)
- ☐ Domestic necessity
- ☐ Illness / incapacity
- ☐ Misconduct
- ☐ Retirement
- ☐ Death

Employment Full-time ☐ Part-time ☐ Casual ☐

Number of days worked per week

Usual number of hours worked per week

For part-time or casual employees – Number of hours payment calculated on

Have any periods of Leave Without Pay (LWOP) been taken into consideration when calculating the employee's full period of employment? If so, how many days?

days

Total long service leave accrued for the full period of employment

weeks and days

Has this entitlement been calculated in accordance with the *Long Service Leave Act 1976*?

No ☐ If the entitlement was calculated in accordance with a law prescribed by regulation, e.g. Enterprise Bargaining Agreement (EBA), please provide a copy of the full document or an extract of the relevant section.

Yes ☐

Give details of all long service leave payments made to the employee (current and previous payments). If more payments have been made, please attach a separate document showing all payments.

Start date	Finish date	Date paid	Number of weeks long service leave paid	Number of hours long service leave paid	Weekly wages	Gross payment
					$	$
					$	$
					$	$

Can the employer provide proof of payment with this application?

No ☐ *Go to – **Employee's declaration** (page 3)*

Yes ☐ *Go to – **Employer's direct credit payment details***

Attach proof of payment. If no proof of payment is provided, the employee must then sign the declaration on the next page.

Employer's direct credit payment details

IMPORTANT

- Payments will only be directly deposited into your business account. Payments **will not** be deposited into personal or credit card accounts.
- 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.
- ACT Leave **will not accept liability** for funds deposited into the wrong account due to an error in the BSB or bank account number provided.

Name of bank, credit union or building society

Branch (where account was opened)

Branch number (BSB)

Account number

Account name

Employer's declaration

I declare that:

- the employee named on this form was given the option to claim their long service leave entitlement under the *Long Service Leave (Portable Schemes) Act 2009*, but instead elected to claim their benefits under the *Long Service Leave Act 1976* or a law prescribed by regulation.
- 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/

Employer's signature

Date

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

Employee's declaration

Note: This section only needs to be completed if the employer **cannot** provide proof of payment.

I declare that:

- I elect to claim my long service leave directly from my employer under the provisions of the *Long Service Leave Act 1976* or a law prescribed by regulation e.g. Enterprise Bargaining Agreement.
- I have been paid long service leave for the period specified above.
- 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/

Employee's signature

Date

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

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

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