ACT Government | ACT Leave

ACT Leave
Claim Form – Long Service Leave payment only

If you have more than one current employer, you must complete a **separate form for each employer**.

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/

IMPORTANT – Schemes entitled to claim payment only:

- Building and Construction Industry (Registered prior to 1 July 2012) – 10 years' service (refer to relevant claims information on our website).
- Community Industry (Aged 55+ years) – 5 years' service (refer to relevant claims information on our website).
- Security Industry (Aged 55+ years) – 5 years' service (refer to relevant claims information on our website).

Scheme / Industry

Building and construction ☐ Community sector ☐ Security ☐

Applicant's personal details

Registration number | Date of birth

Surname

Given names

Current residential address

State Postcode

Postal address (if different to above)

State Postcode

Email

Contact phone number

Type of work performed

You must provide photo identification with your completed form.
For example, a scanned copy of your driver licence, proof of age card or passport.

Tax file number

We withhold tax from your payments in line with ATO guidelines. This will show on your end of financial year income statement. We will be unable to progress your claim without your tax file number.

Your tax file number

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.

Do you have service recorded in an interstate portable long service leave scheme?

No ☐ ▸ *Go to next section – Worker's compensation*

Yes ☐ ▸ Do you want to add that service to your ACT payment?

No ☐

Yes ☐ ▸ Give details

State or territory	Registration number (if known)	Date of last service (if known)

Workers' compensation

Have you been on workers' compensation, while working in a covered industry, for over 6 months since 1 October 1981?

No ☐

Yes ☐ For what period?

The dates you provide **must be accurate**. If you do not know the exact dates, email enquiry@actleave.act.gov.au to clarify what you need to do before submitting this form.

Date from _____ to _____

Employment

Details of your current employer in the relevant industry.

Current employer's name

_____

If you started employment with your current employer within the last 3 months, provide your start date _____

Have you been paid any long service leave directly by your current employer for any period of service recorded in the portable long service leave scheme?

No ☐ Yes ☐

Note: Your current employer **must** complete the **Employer's declaration** on the next page.

Portable long service leave as a payment

Do you want to claim **all** your portable long service leave as a payment?

No ☐ How much leave (minimum 2 weeks) do you want to take as payment?

_____ weeks and _____ days

Yes ☐ *Go to next section – **Direct credit payment details.***

Direct credit payment details

IMPORTANT

- Payments will only be directly deposited into your personal account (joint accounts are acceptable). Payments **will not** be deposited into business 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 held in the name(s) of _____

Note for employees:
- If you are currently employed, your employer **must** complete the section below.
- If you are not employed, this section does not need to be completed.

Applicant'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.

Applicant's signature | Date

Current employer's declaration

Business name

Employer registration number

I declare that:
- the employee named on this form has not been paid a long service leave entitlement as a payment by this business.
- I give permission to the employee to claim their full long service leave entitlement as a payment or part payment for the below period of weeks/days.

weeks and days

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

Authorising person's signature | Date

Full name

Position in organisation

Contact phone number (for enquiries)

Contact email

Return this form, a copy of your photo identification 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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