

ACT Leave Employer's declaration – lump sum payment

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/>

Applicant's personal details

Surname

Given names

Date of birth

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.
- 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/>

Authorising
person's
signature

Date

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

Full name

Position in
organisation

Contact phone number (for enquiries)

Contact email

Return this form and all supporting documents:

- online** – save this form and upload it to your claim in the [ACT Leave Worker Portal](#).

Clear

Save

Print