

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

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/>

**Employee's
personal details**

Surname

Given names

Date of birth

Registration
number**Employee's declaration****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:

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

[Clear](#)[Save](#)[Print](#)