



LONG SERVICE LEAVE AUTHORITY
EARLY RELEASE ENTITLEMENT (FINANCIAL HARDSHIP) CLAIM FORM



Which Scheme/Industry? (Please (✓) tick one box)

Construction Cleaning Community Security

Personal Details

Registration No: _____

Date of Birth: ____/____/____

Photo I.D. Required
(Copy of Driver's Licence, Proof of Age Card or Passport)

Employee Surname _____

Given Names _____

This is the address your payment will be posted to

Street _____

Email Address _____

Suburb _____

State _____

Post Code _____

Type of work performed _____

Mobile Phone No (Contact Phone No) _____

Workers' Compensation

Have you been on workers' compensation for over 6 months since 1 October 1981?

Yes No If yes, for what period? ____/____/____ to ____/____/____

Tax File Number

Your Tax File Number _____

The Authority is required to deduct tax from your payment. You have no legal obligation to quote a tax file number. However, if you do not provide a tax file number tax will be deducted from your payment at the highest rate. A PAYG Payment Summary will be provided by the Authority.

Details about your current or last employer & previous long service leave payments

Who is your **current or last employer in the relevant industry** in the ACT?

Employers Name _____

Date you finished if ceased ____/____/____

***Have you been paid any long service leave directly by your employer for any "period of service" recorded with the portable long service leave scheme?** Yes No

Amount of Long Service Leave

How much early access long service leave do you want to claim? (**Entitlement or Max. period 2 weeks**)

I wish to claim early access long service leave of _____ week/s and/or _____ days'.

Period of early access long service leave requested: ____/____/____ to ____/____/____
 (first day of leave) (last day of leave)

(PLEASE COMPLETE BANK ACCOUNT DETAILS ON REVERSE SIDE)

I confirm that I have suffered hardship due to being unable to work and unable to earn remuneration because of the COVID-19 emergency and I acknowledge that I have read the privacy information on the back of this claim form.

Employee Signature

Signature to claim **(Photo I.D. attached/enclosed)** (Tick Yes)

Date ____/____/____

Employers Declaration
 (Not required if unemployed)

Business Name: _____

Employer Registration No: _____

The above employee has elected to claim early access long service leave under *the Long Service Leave (Portable Schemes) Act 2009*. As their employer I declare that:

- They have not been paid a long service leave entitlement directly by this business for this period of long service leave and this business has not paid any long service leave entitlements directly to this employee for any "period of service" recorded with the portable long service leave scheme; and
- I agree to the employee taking early access long service leave for the period and dates listed below:

_____ week/s and/or _____ days' from ____/____/____ to ____/____/____
 (first day of leave) (last day of leave) (**Max. period 2 weeks**)

Person authorising leave (print name) _____ Signature _____

Date ____/____/____

Position in Business _____

Contact Phone No (for queries regarding claim) _____

Street Address:

Trevor Pearcey House
 Unit 1, 28 Thynne Street, BRUCE ACT 2617

Postal Address:

Reply Paid 234
 CIVIC SQUARE ACT 2608
 Email: enquiry@actleave.act.gov.au

Office Hours 8.30am to 4.30pm

Freecall 1800 655 060
 Phone (02) 6247 3900
 Fax (02) 6257 5058

STATUTORY DECLARATION

Statutory Declarations Act 1959

(1) I, _____ (full name)

Items (1) to (3) to be completed by the person making the declaration

(2) of _____ (residential address)

(3) _____ (current occupation)

declare that I have suffered hardship due to being unable to work and unable to earn remuneration because of the COVID-19 emergency due to either:

****Please cross out which reason/s do not apply & initial the amendment**

- being unemployed and unable to return to employment due to the COVID-19 emergency
- having my employment terminated by my employer or being stood down without pay by my employer and not receiving any other form of remuneration
- being ill with COVID-19 or needing to self-isolate due to COVID-19 and not able to access paid sick leave or caring for someone who is ill with COVID-19 or isolating because of COVID-19

Item (4) to be signed before a Justice of the Peace, Commissioner of Declarations or a person eligible to witness a Statutory Declaration

(4) _____ (signature of person making declaration)

Declared at _____ (place where declaration was made)

On the _____ day of _____ 20_____ (date declaration made)

Item (5) to be completed by the person witnessing the statutory declaration

(5) Before me _____ (signature of witness)

_____ (full name & title of witness)

EMPLOYEE BANK ACCOUNT DETAILS

Direct Credit Payment Details: Please complete below nominated bank account details.

Account Details: Payments will only be directly deposited into your **personal account (joint accounts are acceptable)**, not into business or credit card accounts.

Bank & Branch (Where Bank Account was opened)	<input type="text"/>
BSB Number	<input type="text"/>
Account number	<input type="text"/>
Your account name/s	<input type="text"/>

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)
Note – the Long Service Leave Authority will not accept liability for funds deposited into the wrong account due to an error in the BSB or Bank Account number provided.

Employee's privacy

The Long Service Leave Authority (the 'Authority', 'we', 'our' and 'us') is collecting personal and other information in this form to process the employee's claim for payment of portable long service leave entitlements in accordance with either Schedule 1 section 1.9, Schedule 2 section 2.9, Schedule 3 section 3.10 & Schedule 4 section 4.10 of the Long Service Leave (Portable Schemes) Act 2009 (ACT) (the 'Act'). We collect, use, disclose and manage personal information in accordance with the Territory Privacy Principles under the Information Privacy Act 2014 (ACT).

The Authority may also collect your personal information: from reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes), such as if you apply to the Authority for payment of a long service leave entitlement under a corresponding law in another State or Territory.

The Authority will use your personal and other information to: process your application for payment of long service leave entitlements; maintain and update your details in the applicable workers' register(s); otherwise administer the portable long service leave scheme(s) applicable to you; administer the Authority's general business requirements; meet our legal and regulatory obligations, including as a territory authority; undertake surveys, monitoring, analysis and evaluation of the portable long service leave schemes and the Authority's performance of its functions and activities; communicate with you; respond to enquiries and feedback; and provide you with information about our activities, events, news and publications.

Without your personal information, we will be unable to process your application for payment of long service leave entitlements.

The Authority may disclose your personal information to: our contracted service providers (e.g. information communications and technology providers who help us to manage our databases and other information technology needs; auditors; actuaries; and for surveys, monitoring, analysis, compliance and evaluation purposes); reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes); your authorised representative; our external advisers; and as otherwise authorised or required by law (e.g. when we remit tax on leave payments to the Australian Tax Office). Our privacy policy (available at <http://www.actleave.act.gov.au/privacy-policy.html>) contains further information about how you can access and correct your personal information, how you can complain about a breach of your privacy, as well as further information about how we will manage your personal information.