



**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 \_\_\_\_\_

Street \_\_\_\_\_ Email Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Type of work performed \_\_\_\_\_ Mobile Phone No (Contact Phone No) \_\_\_\_\_

**This is your current residential or postal address & contact details**

**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)**

**Employee Signature**

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.

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) \_\_\_\_\_

**EMPLOYERS PLEASE NOTE:**

Long service leave taken as leave paid by the Authority does not include public holidays. The employer is required to pay your employee for any public holidays which fall within your employee's period of long service leave taken as leave (if your employee would normally receive payment for those days).

