

MISSING SERVICE CLAIM FORM

Please complete all the relevant sections of the claim form using **BLACK INK**.

SECTION 1 – SELECT LONG SERVICE LEAVE SCHEME

COMMUNITY SECTOR
 CLEANING
 CONSTRUCTION
 SECURITY

SECTION 2 – EMPLOYEE'S DETAILS

Employee's Name:		Date of Birth:
Address:		
Employee/Registration ID:		Mobile No:
Email address:		
What has prompted you to submit this missing service claim?	<input type="checkbox"/> After receiving my Annual Statement	<input type="checkbox"/> After receiving my Deregistration Warning letter
	<input type="checkbox"/> I am claiming long service leave	<input type="checkbox"/> Other (please specify):

SECTION 3 – EMPLOYMENT DETAILS (Please list all employers you are missing service from.)

Name of Employer		Trading Name:
Street Address:		
Telephone:		Mobile:
Period of employment: From	To	Work performed:
Work performed with this employer was as an (please circle): EMPLOYEE CONTRACTOR APPRENTICE		
In which state/Territory was the work performed (e.g. ACT, NSW):		

Name of Employer		Trading Name:
Street Address:		
Telephone:		Mobile:
Period of employment: From	To	Work performed:
Work performed with this employer was as an (please circle): EMPLOYEE CONTRACTOR APPRENTICE		
In which state/Territory was the work performed (e.g. ACT, NSW):		

Name of Employer		Trading Name:
Street Address:		
Telephone:		Mobile:
Period of employment: From	To	Work performed:
Work performed with this employer was as an (please circle): EMPLOYEE CONTRACTOR APPRENTICE		
In which state/Territory was the work performed (e.g. ACT, NSW):		

SECTION 4 – PROOF OF EMPLOYMENT – PLEASE ATTACH

<input type="checkbox"/> PAYG Payment summaries for the periods of employment you are claiming missing service.	<input type="checkbox"/> Payroll Slips for the period you are claiming missing service.
<input type="checkbox"/> Employment contract.	<input type="checkbox"/> Employment Separation certificates if applicable
<input type="checkbox"/> Other (please detail):	
<input checked="" type="checkbox"/> I have read the privacy information on the back of this form	
Signature _____ Date _____	

OFFICE USE ONLY:

ENSURE ALL RELEVANT SECTIONS OF THE MISSING SERVICE CLAIM FORM ARE COMPLETE BEFORE SENDING BACK TO: enquiry@actleave.act.gov.au

YOUR PRIVACY

The Long Service Leave Authority (the 'Authority', 'we', 'our' and 'us') is collecting personal and other information in this form to register your business in the applicable portable long service leave scheme in accordance with Part 4 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: if you provide quarterly returns and payments to us; if (after registration) you enter your personal information via your online employer portal; via public sources of information to verify your business' identity; via enforcement activities; or if you communicate with us including by phone, fax, email, letter, in person or via your authorised representative.

The Authority will use your personal and other information to: enter your business on the employers' register; provide to your business a certificate of registration, unique identifier, information pack, online portal access and periodic statements; collect and process your business' quarterly returns and levies; maintain and update the employers and workers' registers; otherwise administer the portable long service leave scheme(s) applicable to your business; communicate with 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; undertake compliance and enforcement activities; and provide your business with information about our activities, events, news and publications.

Without your personal information, we may be unable to: enter your business on the employers' register, communicate with you, answer your query, or otherwise administer the applicable portable long service leave scheme(s) as it applies to your business and your workers.

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. data provided to ACT Revenue Office under section 82 of the *Taxation Administration Act 1999*, or when we remit tax on leave payments to the Australian Tax Office). We may also disclose on our website limited information about your business. This information is restricted to business name and /or trading name, ABN and/or ACN (if applicable), your registration number under the ACT portable long service leave scheme, the number of employees in your last return; and non-sensitive information of your business if you are issued with an outstanding infringement notice for failing to submit quarterly returns 3 months after the end of the quarter. The Authority does not disclose personal information to third parties outside Australia, unless required or permitted by law.

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.