



LONG SERVICE LEAVE AUTHORITY
LONG SERVICE LEAVE PAYMENT CLAIM FORM



Which Scheme/Industry? (Please (✓) tick one box) Construction Cleaning Community Security

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

Personal Details

Registration No: _____ Date of Birth: ____/____/____

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

Interstate Service

If you are registered and have service recorded in an interstate portable long service leave scheme you may add this service to your ACT payment.

State _____ Registration No. (if known) _____ State _____ Registration No. (if known) _____

Workers' Compensation

Have you been on workers' compensation for over 6 months since 1 October 1981?
 Yes / No (Circle) 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

Are you currently employed in the relevant industry?
 Yes _____
 Employer's Name – Employer's Confirmation Section to be completed.
 No _____
 Who was your last employer prior to current employer? _____ Date you finished _____

Were you made redundant from your last employer? Yes / No (Circle)

Amount of long service leave

Do you wish to claim all your long service leave as a payment?
 Yes
 No I wish to take _____ weeks and _____ days' leave (minimum 2 weeks) as a payment.

(PLEASE COMPLETE PAYMENT DETAILS ON REVERSE SIDE)

✓ 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 ____/____/____

Employees Declaration

I hereby declare that I have elected to claim my long service leave under the Long Service Leave (Portable Schemes) Act 2009 as a **payment**, rather than long service leave.

Furthermore I also declare that there has been no duress from my employer to take any portion of my long service leave entitlement as a **payment**, rather than long service leave.

Employers Confirmation

Name of Employee/Declarant _____ Signature _____ Date ____/____/____

Name & Position of Employer Representative _____ Signature _____ Date ____/____/____

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

