



LONG SERVICE LEAVE AUTHORITY REIMBURSEMENT TO EMPLOYER CLAIM FORM



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

Employee Details

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

If you do not know the employees current address provide the last known address

Employee Surname _____ Given Names _____

Street _____

Suburb _____ State _____ Post Code _____ Mobile Phone No (Contact Phone No) _____

If the employee is registered and has service recorded in an interstate long service leave scheme, you may add this service to your ACT payment.

State _____ Registration No. (if known) _____

Employer Details

Employer's Business Name _____ Registration No. _____

Postal Address _____ Email Address _____

Suburb _____ State _____ Post Code _____

Contact Name (for enquiries) _____ Contact Phone No. _____

Details of Employees' Long Service Leave

Period of service with your business:

Start date ____/____/____ to last work date prior to long service leave payment or cease date ____/____/____

The employee's employment with this business has been terminated: Yes / No (Circle one)

Reason for Termination: Employee resigned Terminated by employer Retirement Death Domestic necessity Illness/incapacity Misconduct Other (specify) _____

Employment Casual Full-time Part-time

Details: Number of days worked per week: _____ Usual Number of hours worked per week: _____

For Part-Time/Casual Employee's - Number of hour's payment calculated on: _____

Has this entitlement been calculated in accordance with the Long Service Leave Act 1976: Yes / No (Circle one)

The employee has been engaged by this business for _____ years and accrued a total of _____ weeks and _____ days long service leave for the full period of his/her employment.

All long service leave payments made to the employee (current and previous payments):

	Start date	Finish date	Date Paid	Number of weeks Long Service Leave Paid	Weekly Wage	Gross Payment
1.	____/____/____	____/____/____	____/____/____	_____	\$ _____	\$ _____
2.	____/____/____	____/____/____	____/____/____	_____	\$ _____	\$ _____
3.	____/____/____	____/____/____	____/____/____	_____	\$ _____	\$ _____

Certification by Employee

I elect to claim my long service leave under the Long Service Leave Act 1976 and declare that I have been paid long service leave for the period specified above.

✓ I acknowledge that I have read the privacy statement on the back of this claim form.

Employee signature _____ Date signed ____/____/____

Note: Employer to provide proof of payment (payslip or other pay advice) if employee signature cannot be obtained.

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

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CIVIC SQUARE ACT 2608
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