



Application for Payment of Long Service Leave

Part 1: To be completed by the worker applying for the payment

Personal Details

Registration No _____ Surname _____ First Names _____

Date of Birth ____/____/____ Mobile Ph _____ Home Ph _____

Postal Address _____ Post Code _____

Email Address _____

Interstate Registration—If you are a member of an interstate portable long service leave scheme, please complete your registration number

ACT _____ NSW _____ NT _____ QLD _____ TAS _____ VIC _____ WA _____

Claim Type — Please tick and complete the type of claim you wish to apply for

Employees

I wish to apply for _____ weeks long service leave to be taken from ____/____/____ to ____/____/____.
I understand I am unable to work while on long service leave. First day of leave Last day of leave
Please note leave must be taken in whole weeks and the minimum period is 2 weeks. Penalties apply for working while on long service leave.

I wish to apply for _____ weeks long service leave extension to be taken from ____/____/____ to ____/____/____.
I understand I am unable to work while on long service leave. First day of leave Last day of leave
Please note leave must be taken in whole weeks and the minimum period is 1 week. Penalties apply for working while on long service leave.

I ceased employment on ____/____/____ and will not be working as a construction worker for a period of 12 months.
I wish to be paid my full entitlement.
I understand if I have not accrued 2,600 service days, I am claiming a pro-rata payment and will need to accrue an additional 1,820 service days in the construction industry before I qualify for any further benefit from the scheme.

Self-Employed Contractors/Working Directors

I wish to apply for _____ weeks long service leave to be taken from ____/____/____ to ____/____/____.
Please note leave must be taken in whole weeks and the minimum period is 2 weeks. First day of leave Last day of leave

I no longer wish to contribute to the Self-Employed Contractor or Working Director scheme and would like to be paid my full entitlement.
Please note if you have not accrued 2,600 service days you are claiming a pro-rata payment. If you return to the industry as an employee, you will need to accrue an additional 1,820 service days before you qualify for any further benefit from the scheme. If you have not accrued 1,820 service days, only the contributions paid into the Self-Employed Contractor or Working Director scheme will be refunded.

Bank Account Details & Tax File Number

BSB No: _____ - _____ Acc No: _____ Bank: _____

Account Name _____ Tax File Number _____

Must be in the name of the worker or a joint account including the worker

Declaration

I confirm the information provided above is correct and I have not lodged a claim with Fair Entitlements Guarantee (FEG) for long service leave entitlement.

Name _____ Signature _____ Date ____/____/____

If you have been registered as an employee in the scheme within the last 12 months, Part 2 on the opposite side of this form must be completed by your current or last employer prior to submission. The completed form can be emailed, faxed or posted using the details on the top of this form.



Application for Payment of Long Service Leave

Part 2: To be completed by the current or last employer of the worker applying for the payment

Employer Details

Registration No _____ Business Name _____

Postal Address _____ Post Code _____

Type Of Work Performed — Please tick the appropriate box

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Air-Conditioning Installation | <input type="checkbox"/> Electrical Installation | <input type="checkbox"/> Painting | <input type="checkbox"/> Sheet Metal Work |
| <input type="checkbox"/> Alarm/Security/Testing | <input type="checkbox"/> Fixing | <input type="checkbox"/> Plastering | <input type="checkbox"/> Sprinkler Pipe Fitting |
| <input type="checkbox"/> Bricklaying/Stonemasonry | <input type="checkbox"/> Glazing | <input type="checkbox"/> Plant Operator | <input type="checkbox"/> Tiling—Wall/Floor |
| <input type="checkbox"/> Carpentry/Joinery | <input type="checkbox"/> Labouring | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Tiling—Roof |
| <input type="checkbox"/> Concreting | <input type="checkbox"/> Lifts | <input type="checkbox"/> Plumbing—Roof | <input type="checkbox"/> Trades Assistant |
| <input type="checkbox"/> Data/Communication Cabling | <input type="checkbox"/> Metal Trades | <input type="checkbox"/> Refrigeration Installation | <input type="checkbox"/> Welding/Boilermaking |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Mobile Cranes | <input type="checkbox"/> Rigging/Scaffolding | <input type="checkbox"/> Other _____ |

Please describe

Worker's Classification — Please tick the appropriate

- | | | | |
|-------------------------------------|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Labourer | <input type="checkbox"/> Tradesman | <input type="checkbox"/> Leading Hand | <input type="checkbox"/> Foreman |
| <input type="checkbox"/> Apprentice | <input type="checkbox"/> Other (please describe) _____ | | |

Worker's Ordinary Rate of Pay

The worker is employed:

- Full-time Part-time Casual

Current rate of pay

The worker is currently paid \$ _____ gross for _____ ordinary hours per week. They have been paid this rate of pay since ____/____/____.

Please exclude fares, travel, site allowance & special rates paid irregularly to compensate for occasional disabilities when working (except when the rate is included in periods of annual leave)

Previous rate of pay (if rate has changed in previous 12 months)

The worker's prior rate of pay was \$ _____ gross for _____ ordinary hours per week. They were paid this rate from ____/____/____.

Employment Status/Reason for Claim

This worker is currently employed and has been granted _____ weeks long service leave to be taken from ____/____/____ to ____/____/____. I confirm the business will not employ the worker during their period of long service leave. *Penalties apply.*

This worker ceased employment with this business on ____/____/____ for the following reason

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Retired | <input type="checkbox"/> Shortage of Work | <input type="checkbox"/> Bona-fide Redundancy |
| <input type="checkbox"/> Invalidity | <input type="checkbox"/> Other (please describe) _____ | | |

Long Service Leave Payments

Have you made any long service leave payments directly to this employee? Yes No

If yes please provide details of the payment(s) _____

Declaration

I declare the information provided is to the best of my knowledge, true and correct.

Name _____ Signature _____

Position _____ Date ____/____/____

Email _____ Phone _____