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Claim by Employer for Recovery of Long Service Leave Entitlements

Employer's Details (Please use block letters)

Employer's Name _____
Employer's Registration Number _____ Phone _____
Email _____
Address _____
Post Code _____

Employee Details

Last Name _____ First Names _____
Address _____
Post Code _____
Date of birth ____ / ____ / ____ Phone _____ Registration Number _____
Email _____
Occupation/Classification of Employee (eg. Labourer, Carpenter, Bricklayer etc.) _____

Ordinary Rate of Pay Details

The employee's ordinary hours are _____ ☐ per day ☐ weekly cycle of _____ weeks
Are the employee's ordinary hours set by a **registered** Industrial Instrument? ☐ Yes ☐ No Name of Site _____

Pay Rate

1) Current Annual Leave Rate (excluding loading) \$ _____ ☐ per hour ☐ per week
2) Previous Annual Leave Rate \$ _____ ☐ per hour ☐ per week. Date of change ____ / ____ / ____

Payment Details

Period of Employment ____ / ____ / ____ to ____ / ____ / ____ If less than 7 years please advise basis of entitlement _____
Termination Date ____ / ____ / ____
Period of Leave ____ / ____ / ____ to ____ / ____ / ____
Amount Paid \$ _____ Date Paid ____ / ____ / ____ Number of weeks _____

Proof of Payment

Please provide a copy of a payslip or pay records reflecting the reimbursement amount being claimed. This needs to be signed by the employer as a true and correct copy of the original

Declaration

I declare that the facts as indicated are to the best of my knowledge at the date of declaration true and correct.

Signed for Employer _____ Name _____ Date ____ / ____ / ____

Information The reimbursement to employers is based on the number of days of paid service credits an employee has at the date the Long Service Leave was taken. The amount to be paid is calculated as follows:

$$\frac{\text{Number of days of paid service credits}}{2200 (10 \text{ Years service})} \times 8\frac{2}{3} \text{ weeks} \times \text{average ordinary rate of pay for last year as recorded by the Board}$$