

Application for Payment of Long Service Leave

Part 1 To be completed by employee claiming on own behalf or by the personal representative of a deceased employee

Personal Details

Last Name _____ First Names _____

Postal Address _____

_____ Post Code _____

Date of birth ____ / ____ / ____ Phone _____ Registration Number _____

Email _____

Payment Details

For payment to a Bank Account please provide the following details:

BSB Number ____ / ____ Account Number _____

Account holder name/s (eg. AA Smith)^

^(This must be your personal account or a joint account including you.)

If you are registered in another state or states, please list them:

State _____ Registration No. _____

State _____ Registration No. _____

State _____ Registration No. _____

State _____ Registration No. _____

Reason for claim

Tick appropriate boxes to show reason for claim:

Please Note: If you have interstate service, all service will be paid out.
Part payments of interstate service cannot be processed.

A. ☐ I am applying for long service leave. I am aware that I cannot work while on leave and that MyLeave pay claims based on a 5 day week (Monday - Friday).

First day of leave ____ / ____ / ____ Last day of leave ____ / ____ / ____

B. ☐ I am a Working Director and am aware that I cannot work while on leave. Penalties apply.

I have supplied copies of: ☐ PAYG ☐ 3 recent pay slips ☐ 3 corresponding bank statements

C. ☐ I am finishing/have finished on site with my employer on ____ / ____ / ____ and I wish to be paid my entitlement. *See Note 1.

D. ☐ I am the personal representative of a deceased employee claiming the entitlement. *See Note 2.

* Note 1: If you are no longer working in an eligible job in the construction industry your application must be treated as a termination. Claiming a termination payment means that you will break your service for long service leave purposes. This means that you must work a further 7 years (1540 days) in the construction industry before you qualify for another entitlement with MyLeave. A termination application cannot be lodged with MyLeave any earlier than the week in which you finish.

* Note 2: Personal representative means the spouse or defacto partner of the deceased or the executor of the estate. A death certificate and in the case of an executor, proof of authority to act as the executor. In the case of a spouse a copy of the registered marriage certificate if available or other evidence such as a joint bank account. In the case of a defacto partner evidence of the relationship such as a joint bank account, joint ownership of property or other supporting information as set out in Section 13A of the Interpretation Act, must be supplied.

Please fill in your
Tax File Number

____ / ____ / ____

Important information for all claims

1. A person may only make 3 long service leave applications for every 10 years of service. To make an initial claim employees must have at least 7 years (1540 days) service. There are no exceptions.
2. A fully completed long service leave application where all information is correct takes approximately 2 - 3 weeks to process. If the application is received early it may be paid up to 2 weeks before the leave is due to start.
3. The rate of pay used is the average ordinary rate of pay for the last 12 months of service days (220 service days) recorded with MyLeave for you. This rate may differ to your current rate of pay.

Declaration

I confirm that the information above is correct and I hereby give permission for MyLeave to obtain from my current and any previous employers any necessary information regarding pay details and payment records in order to process this claim.

Signature of employee or personal representative _____ Date ____ / ____ / ____

Please answer these 11 questions so that we can process the claim.

Employee Registration Number _____

Part 2 To be completed by the employer only

Business Name _____ Registration Number _____

Name of Contact _____ Phone _____

Email _____

1. What is the employee's on site **job role /classification** (eg. plumber, carpenter)? Please be descriptive as possible.

Note: **A full list of duties must be included for supervisors.**

2. How is this worker employed? ☐ Full Time (receives paid leave) ☐ Part Time (receives paid leave) ☐ Casual ☐ Subcontractor



3. Full time / Part Time: How many hours are paid for a day of annual leave? _____

Casual / Subcontractor: What are this workers ordinary hours per day? _____

Important: If ordinary hours are more than 7.6 per day, please provide the full name and reference number of the applicable enterprise agreement. Or if an individual flexibility arrangement or other terms of employment apply (such as contracts), **please attach a copy.**

4. Do they accrue any RDO's? ☐ Yes ☐ No, if yes how many hours per week? _____

5. What is the employee's current rate of pay? \$_____ per hour.

Note: For casuals who are paid a flat rate for all hours worked, provide the flat rate of pay above (inclusive of casual loading)

For **casuals who work varying hours** and where contributions are based on hours worked, please tick this box: ☐

For salaried **employees**, please note their annual salary amount here _____ and tick this box: ☐

6. Does this employee work a rostered work cycle of paid on-duty days and unpaid off-duty days? ☐ Yes ☐ No

If Yes, Rostered on-duty days _____, rostered off-duty days _____, total days in cycle _____



7. Have there been any **other pay rates** over the last 12 months? If insufficient space below, please attach ☐ Yes ☐ No

Rate per hour / Salary: \$_____ Start date: ____/____/____ End date: ____/____/____

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Rate per hour / Salary: \$_____ Start date: ____/____/____ End date: ____/____/____

8. **Casual Allowances:** List allowances paid to this worker for working their ordinary hours of work. **Please attach a payslip to support this.**

Allowances Paid on Annual Leave: Please include allowances paid on annual leave. **Please attach a payslip to support this.**

Allowance: _____ Rate (hr/day/week): \$_____ Start date: ____/____/____ End date: ____/____/____

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9. Have you **paid long service leave directly** to the employee? ☐ Yes ☐ No

If yes: From: ____/____/____ To: ____/____/____ Total gross amount: \$_____

10. Tick the **reason for this claim:**

A. ☐ Long Service Leave: Start Date ____/____/____ End Date ____/____/____

B. ☐ Ceased Employment on ____/____/____. Reason:

☐ Resignation ☐ Termination ☐ End of Contract ☐ Bona-Fide Redundancy ☐ Invalidity ☐ Approved Early Retirement Scheme

C. ☐ Serious Misconduct on ____/____/____

D. ☐ The above employee is deceased, their last day of work was ____/____/____

11. Has the **employee terminated** since you completed your last quarterly return? ☐ Yes ☐ No

If yes: How many days will you record on your next return for the time worked from the start of the quarter until their termination? ____ days.

Declaration

1. I declare that the above information is true and correct as at the date stated below.

2. I am aware that the employee is unable to work while on long service leave and that penalties may apply for breach of this requirement.

Signed for Employer _____ Job Title _____

Print Name _____ Date ____/____/____