

Application for Payment of Long Service Leave

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PART 1 To be completed by employee claiming on own behalf or by the personal representative of a deceased employee (Please use block letters)

PERSONAL DETAILS:

Last Name _____ First Names _____
Postal Address _____ Suburb _____ Post Code _____
Date of Birth ____ / ____ / ____ Phone _____ Registration Number _____
Email _____

PAYMENT DETAILS:

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

Bank Branch Number _ _ _ / _ _ _ Account Number _____
Bank _____ Branch _____
Name of Account (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. _____

Please Note: if you have interstate entitlements they will be paid out in one lump sum.

REASON FOR CLAIM:

Tick appropriate boxes to show reason for claim:

- A. I wish to apply for _____ weeks long service leave. I am aware that I cannot work while on leave. Penalties apply.
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 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 long service leave application takes approximately 2 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 in the Scheme 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

PART 2 (over page)



PART 2 To be completed by the employer only

Business Name _____ Registration Number _____
Name of Contact _____ Phone _____
Email Address _____

PLEASE ANSWER THESE 8 QUESTIONS SO THAT WE CAN PAY THE EMPLOYEE.

1. What is the employee's on site **job/classification** (eg. plumber, carpenter, etc)? _____

2. How many **ordinary hours** do they work? _____ per day. Do they accrue any RDO's? Yes No, if yes how many hours? _____
If greater than 38 hours please provide the name of the agreement and or reference number with Fair Work Commission that specifies ordinary hours: _____

3. What is the employee's **current rate of pay**? \$ _____ per hour / week. Are they a casual employee? Yes No

4. Have there been any **other pay rates** over the last 12 months? Yes No
Rate: \$ _____ Date of change: _____ / _____ / _____ Rate: \$ _____ Date of change: _____ / _____ / _____
Rate: \$ _____ Date of change: _____ / _____ / _____ Rate: \$ _____ Date of change: _____ / _____ / _____

5. Do they receive any other **allowances**, besides leave loading, when on annual leave (e.g. tool allowances, etc)? Yes No
Allowance: \$ _____ per hour/week. Date of change: _____ / _____ / _____
Allowance: \$ _____ per hour/week. Date of change: _____ / _____ / _____
Allowance: \$ _____ per hour/week. Date of change: _____ / _____ / _____

6. Have you **paid long service leave directly** to the employee? Yes No
IF YES: From: _____ / _____ / _____ To: _____ / _____ / _____ Total gross amount: \$ _____

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

A. The above employee has been granted _____ weeks and _____ days of long service leave.
First day of leave: _____ / _____ / _____ First day back at work: _____ / _____ / _____

B. The above employee has resigned or been terminated on _____ / _____ / _____. The reason for termination is not serious misconduct but is: Bona-Fide Redundancy Approved Early Retirement Scheme Invalidity Other

C. The above employee has been terminated for serious misconduct on: _____ / _____ / _____

D. The above employee has died. Their last day of work was: _____ / _____ / _____

8. 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.

Additional Information (if required):

DECLARATION:

1. I declare that I have provided an answer to each of the 8 questions on this form.
2. I declare that the facts as indicated are to the best of my knowledge at the date of declaration true and correct.
3. I am aware that the employee is unable to work with the firm while on long service leave and that penalties may apply for breach of this requirement.

Signed for Employer _____ Job Title _____
Print Name _____ Date _____ / _____ / _____