

Long Service Leave Claim Form

Fill out this form if:

- You have confirmed with the Fairwork Ombudsman (ph: 13 13 94) that, for the purposes of long service leave, your employment would be covered by the *Long Service leave Act 1976*; and
- You want an authorised person within Access Canberra to investigate your claim.

How to fill out this form:

- Print this form and use a blue or black pen and print clearly or;
- Complete electronically, enter your full name in the signature field or print and sign with a blue or black pen
- Attach **copies** of any supporting papers (i.e. payslips, timesheets, leave records, group certificates). **DO NOT SEND THE ORIGINALS**
- To avoid delays in the investigation, provide as much information and supporting documentation on your employment history
- Call (02) 6207 3000 if you require help with this form.

Your Privacy

Access Canberra will manage your claim and the information given in accordance with the *Information Privacy Act 2014*. The Privacy Policy can be found on the ACT Government website at <http://www.cmd.act.gov.au/legal/privacy>. Access Canberra provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

The information provided in this form will be used for the purposes of determining your entitlement to long service leave.

1 Your Details

Mr Mrs Ms Miss

Surname:

Given Name(s):

Contact Details

Postal Address:

Home:

Work:

Mobile:

Fax:

Email:

2 Your Employer's Details

Employer's name (e.g. Magnoly Pty Ltd):	Trading name:
ACN/ABN:	Manager/Proprietor/Owner:
Business Address:	
Contact Details	
Postal Address:	
Home:	Work:
Mobile:	Fax:
Email:	

3 Information relating to your employment

What date did you commence employment?	How many years and months have you worked for your employer? Years: _____ Months: _____
During your employment, have you taken any leave other than annual leave, long service leave or a period of leave not exceeding 2 weeks in any 1 year because of illness or injury? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please specify what type of leave and the period of leave: 	
Has your employment been terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, when? 	
Why was your employment terminated? 	
What payments did you receive upon termination?	
Before tax (gross) <input style="width: 150px;" type="text"/>	Ordinary wages <input style="width: 150px;" type="text"/>
Long Service leave <input style="width: 150px;" type="text"/>	Other (please specify) <input style="width: 150px;" type="text"/>

4 Your job

Provide a brief description of your job title and duties:

Employment status:

Full-time Part-time Casual Apprentice
 Trainee Contractor Piece Worker Don't Know

Have you signed a contract in relation to your employment?

Yes No

Did your employer keep a record of the hours worked?

Yes No Don't know

If yes, was it a :

Timesheet Clockcard Other

If your job was/is part-time or casual, what are the average hours you worked each week over the last 12 months?

In the past 5 years has your employment changed from being full-time to part-time or casual?

Yes No

If yes, please specify?

5 Pay details

If full-time, what was your weekly pay rate before tax (gross)?

If part-time/casual, what was your hourly rate of pay before tax (gross)?

Did your rate of pay change during your employment?

Yes No

How were you paid?

Cash Cheque Bank deposit

Did you receive payslips?

Yes No

6 Other action

Have you made a claim for long service leave with the Fair Work Ombudsman?

Yes No

Have you made a claim for long service leave with the ACT Long Service Leave Authority?

Yes No

Are you taking legal action against your employer?

Yes No

7 Attachments

I have attached copies of the following:

- Payslips/pay envelopes
 - Final payslip/envelope
 - Group Certificates
 - Timesheets
 - Employment Contract
 - Letter of Employment
-

REMEMBER

- to sign and date the claim form below
- to initial and date each page of the claim form
- to provide copies of all supporting documentation (payslips, timesheets etc)
- to post, fax or email the completed form to:

Access Canberra
 GPO Box 158
 Canberra City ACT 2601
 Fax: (02) 6205 0336
 Email: worksafe@act.gov.au

All enquiries, please contact: (02) 6207 3000

8 Sign and date this form

I certify that the details I have provided are true and correct to the best of my knowledge. I understand that it is an offence to give false or misleading information. I understand that any information provided for this claim may be provided to other government agencies.

I also authorise Access Canberra to refer my claim, or any aspects in relation to my claim, that may be relevant to other government agencies where issues fall within their area(s) of responsibility.

I understand and agree that before my claim is accepted or rejected, that I may need to attend a conference or interview.

Below is the contact number and time I would prefer to be called in relation to this claim.

Contact number:

Contact time:

Signature (Enter your full name if filling this form electronically):

Date:
