

# Application for Payment of Long Service Leave



CONSTRUCTION INDUSTRY  
LONG SERVICE LEAVE  
PAYMENTS BOARD

Address all correspondence to:  
Construction Industry  
Long Service Leave Payments Board  
P.O. Box 1333, WEST PERTH WA 6872

Office Address:  
1st Floor, 26 Colin Street, WEST PERTH WA 6005  
Telephone (08) 9476 5400 Facsimile (08) 9321 5404  
FREECALL 1800 198 136  
Email staff@walslboard.com.au Web www.walslboard.com.au

## **PART 1** To be completed by employee claiming on own behalf or by the personal representative of a deceased employee. (Use block letters)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Telephone No. \_\_\_\_\_ Registration No. \_\_\_\_\_

Email \_\_\_\_\_

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

If you are registered in another State or States, please list them:

Bank Branch Number \_ \_ \_ / \_ \_ \_ A/c Number \_\_\_\_\_

State \_\_\_\_\_ Registration No. \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

State \_\_\_\_\_ Registration No. \_\_\_\_\_

Name of Account (eg. AA Smith) \_\_\_\_\_

(Must be in the name of the claimant or a joint account including the claimant).

State \_\_\_\_\_ Registration No. \_\_\_\_\_

Tick appropriate boxes  to show reason for claim.

A.  I wish to apply for \_\_\_\_\_ weeks long service leave to be taken from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . \*See Note 1.  
(First day of leave) (Last day of leave)

I am aware that I cannot work while on leave. Penalties apply.

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

C.  I am terminating my employment on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and I wish to be paid my entitlement. \*See Note 2.

D.  My services are being terminated by my employer on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and I wish to be paid my entitlement. \*See Note 2.

E.  I am the personal representative of a deceased employee claiming the entitlement. \*See Note 3.

\*Note 1: Each long service leave entitlement of 8½ weeks after 10 years and 4½ weeks after a further 5 years may **NOT** be taken in more than three periods. To make an initial claim employees must have at least 7 years (1540 days) service. There are no exceptions.

\*Note 2: Claiming a Payment on termination with your employer means that you will break your service for long service leave purposes. This means that you must again work a further 7 years in the construction industry before you qualify for another entitlement from the Long Service Leave Scheme.

\*Note 3: 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.

### IMPORTANT NOTE FOR EMPLOYEES REGARDING THE RATE OF PAY USED FOR CALCULATING ENTITLEMENT.

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.

### INCOME TAX NOTE:

Tax will be deducted from the payment for Long Service Leave. If you are taking leave or terminating in June/July do you want to receive payment.

Before 30th June (Current tax year).  After 1st July (Next tax year).

**Please fill in the  
Tax File Number**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DECLARATION:** I confirm that the information above is correct and I hereby give permission for the Board 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**To avoid delay in processing your claim please give this application form to your employer to complete.**

## PART 2 TO BE COMPLETED BY THE EMPLOYER ONLY

Employer's Name \_\_\_\_\_ Registration No. \_\_\_\_\_

Name of Contact \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

**CLASSIFICATION OF EMPLOYEE (EG. LABOURER, CARPENTER, BRICKLAYER ETC)** \_\_\_\_\_

### ORDINARY RATE OF PAY DETAILS:

The employee's ordinary hours are:- \_\_\_\_\_ Per day / week / cycle of \_\_\_\_\_ weeks (circle one)

Are the employees ordinary hours set by a registered industrial agreement?  Yes  No

The employee has been employed:- More than 12 months  For only \_\_\_\_\_ Months

### PAY RATE:

1) Current Annual Leave Rate (excluding loading): \$ \_\_\_\_\_ per hour / per week.

2) Does employee receive any Allowances on Annual Leave? Yes / No \$ \_\_\_\_\_ per hour / per week.  
(Has this amount been included in 1? Yes / No )

3) Previous Annual Leave Rate: \$ \_\_\_\_\_ per hour / per week. Date of change: \_\_\_\_\_

4) Any other rate changes in the last 10 months? Yes / No Rate \$ \_\_\_\_\_ Date \_\_\_\_\_

5) If not entitled to Annual Leave - Please advise hourly / daily rate

a. Current Rate \$ \_\_\_\_\_ per hour / per day

b. Any rate changes in the last 10 months? Yes / No Rate \$ \_\_\_\_\_ Date \_\_\_\_\_

### REASON FOR CLAIM:

Tick appropriate boxes

A.  The above employee has been granted \_\_\_\_\_ weeks long service leave to be taken from \_\_\_ / \_\_\_ / \_\_\_ .  
And he will return to work on \_\_\_ / \_\_\_ / \_\_\_

B.  The above employee has resigned or been terminated on \_\_\_ / \_\_\_ / \_\_\_ .

C.  The above employee has been terminated for reasons other than Serious Misconduct.

Tick appropriate box.  Bona-Fide Redundancy  Approved Early Retirement Scheme  Invalidity  Other

D.  The above employee has been terminated for reasons of Serious Misconduct.

E.  The above employee has died.

**HAVE YOU PAID ANY LONG SERVICE LEAVE DIRECT TO THIS EMPLOYEE?**  Yes  No (Please list details below)

LONG SERVICE LEAVE PAID (in weeks)	FROM (Date)	TO (Date)	GROSS AMOUNT PAID \$
	/ /	/ /	\$
	/ /	/ /	\$

Additional Information (if required)

### DECLARATION:

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

2. I am aware that the firm cannot employ the employee whilst on leave and that penalties apply for breach of this requirement.

Signed for Employer \_\_\_\_\_

Print Name \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_