

Claim by Employer for Recovery of Long Service Leave Entitlements



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

Employer's Name _____ (PLEASE USE BLOCK LETTERS)

Employer's Registration Number _____ Telephone No. _____

Street No. and Name _____

City or Town _____ Post Code _____

Employee Details

Last Name _____ First Name _____ Registration No. _____

Address _____ Date of Birth ____ / ____ / ____

_____ Post Code _____ Telephone _____

Classification of Employee _____

Ordinary Rate of Pay Details

The employee's ordinary hours are:- _____ per day / week / cycle of _____ weeks (please circle one)

Pay Rate

Pay rate due for paid leave averaged over the last 12 months of employment with the firm:- \$ _____ per hour / day / week / cycle (please circle one)

OR where an employee is *not* entitled to paid leave:-

The pay rate for ordinary hours averaged over the last 12 months of employment with the firm:- \$ _____ per hour / day / week / cycle (please circle one)

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: ____ / ____ / ____ No. of Weeks _____

Proof of Payment

(a) EMPLOYEE STATEMENT

I have received the amount shown above for Long Service Leave.

Name _____ Signature _____ Date ____ / ____ / ____

OR (b) OTHER

Copy of payslip or wages record signed by employer as a true record.

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: $\frac{\text{NUMBER OF DAYS OF PAID SERVICE CREDITS}}{2200 \text{ (10 YEARS SERVICE)}} \times 8\frac{1}{2} \text{ WEEKS} \times \text{AVERAGE ORDINARY RATE OF PAY FOR LAST YEAR AS RECORDED BY THE BOARD.}$