

## WORKER DETAILS

Membership number E \_\_\_\_\_

First name \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth   /   /

Address \_\_\_\_\_ P/code \_\_\_\_\_

Mobile phone           Home phone

Email \_\_\_\_\_



Please read “A guide to your request for missing service” available at [www.qleave.qld.gov.au](http://www.qleave.qld.gov.au)



Further information available in the guide




Refer to the guide and attach copies of the required documents to this form

## IMPORTANT

This application will be returned unprocessed if:

- (a) **copies** of all proof documentation are not attached. (Do not supply originals.) OR
- (b) the form is not completed in full OR
- (c) service is requested for work **not performed in Queensland**.

## REQUEST 1

Employer's business name  \_\_\_\_\_

Contact name \_\_\_\_\_

Employer's address  \_\_\_\_\_ P/code \_\_\_\_\_

Employer's phone number \_\_\_\_\_ Mobile \_\_\_\_\_

Dates must be completed

Start date for this employer    /   /     Finish date   /   /

Did you work full-time? ☐ Yes ☐ No If no, please provide the number of days worked

Worker Category   (please tick one type & provide proof of engagement) ☐ Employee (PAYG)

☐ Labour only subcontractor - please provide your ABN

Note: if you are a subcontractor who engages other workers/subcontractors, operate as a partner in a partnership, or are the trustee of a trust, you are not an eligible worker, so please do not complete this form.

What type of work was performed?  \_\_\_\_\_

**DECLARATION:** Penalties may apply for providing false or misleading information

I certify that  ☐ all information provided is true and correct

☐ I have attached all proof/documentation required for this request

Signed \_\_\_\_\_ Date   /   /

## REQUEST 2

Employer's business name 

Contact name

Employer's address  P/code

Employer's phone number Mobile

Dates must be completed

Start date for this employer    /   /     Finish date   /   /

Did you work full-time? ☐ Yes ☐ No If no, please provide the number of days worked

Worker Category   (please tick one type & provide proof of engagement) ☐ Employee (PAYG)

☐ Labour only subcontractor - please provide your ABN

Note: if you are a subcontractor who engages other workers/subcontractors, operate as a partner in a partnership, or are the trustee of a trust, you are not an eligible worker, so please do not complete this form.

What type of work was performed? 

**DECLARATION:** Penalties may apply for providing false or misleading information

I certify that  ☐ all information provided is true and correct

☐ I have attached all proof/documentation required for this request

Signed Date   /   /

## REQUEST 3

Employer's business name 

Contact name

Employer's address  P/code

Employer's phone number Mobile

Dates must be completed

Start date for this employer    /   /     Finish date   /   /

Did you work full-time? ☐ Yes ☐ No If no, please provide the number of days worked

Worker Category   (please tick one type & provide proof of engagement) ☐ Employee (PAYG)

☐ Labour only subcontractor - please provide your ABN

Note: if you are a subcontractor who engages other workers/subcontractors, operate as a partner in a partnership, or are the trustee of a trust, you are not an eligible worker, so please do not complete this form.

What type of work was performed? 

**DECLARATION:** Penalties may apply for providing false or misleading information

I certify that  ☐ all information provided is true and correct

☐ I have attached all proof/documentation required for this request

Signed Date   /   /



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