

Building and Construction Industry (Portable Long Service Leave) Act 1991. This claim form is issued in accordance with Section 62 of the Act.



MAKE YOUR CLAIM ONLINE AT WWW.QLEAVE.QLD.GOV.AU

1. EMPLOYER DETAILS

Registration number R _____

Name _____

Address _____

_____ P/code _____

2. ELECTRONIC FUNDS TRANSFER

Payment will be made to your nominated bank account.

Please ensure you complete the following details:

Bank _____

Branch _____ BSB _____

Account No. _____

Account name _____

3. CONTACT PERSON

If there are enquiries in relation to this claim, QLeave can contact:

Name _____

Telephone _____ Mobile _____

4. WORKER INFORMATION

Membership number E _____

Name _____

a) Is the worker a member of any other building and construction industry long service leave schemes?

Yes No

If YES, complete membership numbers.

NSW _____ VIC _____ ACT _____

SA _____ WA _____ TAS _____

NT _____

b) Has the worker previously been paid for, or taken, any long service leave?

Yes No

c) Worker type (please tick one type)

Employee (PAYG) Working Director

Foreperson Safety Officer

5. LONG SERVICE LEAVE PAYMENT DETAILS

Period of employment:

From _____ To _____

Has the employment been terminated? Yes No

If NO, what is the period of leave?

From _____ To _____

If the worker is deceased please give the date of death

How many weeks OR days (not including public holidays) long service leave was the worker paid?

_____ Weeks _____ Days

How many public holidays were included in the payment?

_____ Days

Gross ordinary weekly rate of pay \$ _____

for a 36 hour week OR 38 hour week

What was the GROSS amount paid? \$ _____

On what date was the payment made? _____

What type of work does / did the worker perform for the stated rate of pay? _____

6. WORKER/PERSONAL REPRESENTATIVE CERTIFICATION

I certify I have received the long service leave payment detailed in Section 5.

Signature _____ Date _____

If the worker / personal representative is not available to sign this declaration, proof of payment such as an EFT transfer advice or pay advice must be attached.

7. EMPLOYER CERTIFICATION

I certify that the information provided is true and correct.

Signature _____

Title _____ Date _____

Please return the completed form to QLeave
PO Box 315 Virginia BC Qld 4014



IMPORTANT INFORMATION

TIMEFRAME

The *Building and Construction Industry (Portable Long Service Leave) Act 1991* requires all applications to be made in writing within three months after the benefit is provided, or within such period (not more than two years after the benefit is provided) as the authority allows.

PROOF OF PAYMENT OF LONG SERVICE LEAVE BENEFIT BY EMPLOYER

QLeave is only able to reimburse employers after the long service leave has been paid to the worker. In order for a reimbursement to proceed, proof that the long service leave payment has been made is required. The signature of the worker or personal representative in the space provided on the claim form, acknowledging receipt of the long service leave benefit, is sufficient to fulfil this requirement. Alternatively, a copy of a payslip or other documentary evidence confirming the payment may also be submitted to QLeave. Failure to do so will result in the claim being returned.

The portable long service leave scheme complements, but does not replace an employer's obligation to pay workers long service leave under the *Industrial Relations Act 1999*.

However, employers may apply to QLeave for a partial or full reimbursement if they have paid a worker long service, and the worker has service recorded with QLeave.

MAXIMUM RATE

A maximum wage rate applies. Details of the current maximum rate are available from QLeave or www.qleave.qld.gov.au



**PORTABLE
LONG SERVICE
LEAVE**

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Email claims@qleave.qld.gov.au | **Web** www.qleave.qld.gov.au

