

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

### EMPLOYER DETAILS

Employer registration number	Business name
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Contact name	Phone
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

### WORKER DETAILS

Worker QLeave number (if known)	Worker name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### WORKER TYPE

<input type="checkbox"/> Employee (PAYG)	<input type="checkbox"/> Employee (PAYG employee of a trust)	<input type="checkbox"/> Contractor (sole trader)
<input type="checkbox"/> Contractor (sole trader - uses own ABN and engages workers)	<input type="checkbox"/> Contractor (sole trader - labour only, uses own ABN and doesn't engage workers)	<input type="checkbox"/> Working Director
		<input type="checkbox"/> Partner

### WORKER EMPLOYMENT DETAILS

Period of employment	Start date <input type="text"/> / <input type="text"/> / <input type="text"/>	Termination date (if applicable) <input type="text"/> / <input type="text"/> / <input type="text"/>	Is the worker deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you recognising any period of service where the worker was engaged with another employer?	<b>IF YES</b> →	Start date <input type="text"/> / <input type="text"/> / <input type="text"/>	End date <input type="text"/> / <input type="text"/> / <input type="text"/>
Other employer name	Registration number (if known)	ABN (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Have you previously paid long service leave to this worker?	<b>IF YES</b> →	When was the leave paid? <input type="text"/> / <input type="text"/> / <input type="text"/>	What was the gross amount paid? <input type="text"/>
Was the worker paid for a period of service accrued in another state or territory?	<b>IF YES</b> →	State or territory name <input type="text"/>	Interstate scheme membership number <input type="text"/>
		Number of days claimed <input type="text"/>	

### WORKER CLAIM DETAILS

Select the type of claim paid to the worker	<input type="checkbox"/> Taking leave	<input type="checkbox"/> Leaving the industry	<input type="checkbox"/> Leaving the employer
How many days were paid to the worker? (excluding public holidays)	<input type="text"/>	On what date did the leave start?	<input type="text"/> / <input type="text"/> / <input type="text"/>
On what date was the payment made?	<input type="text"/> / <input type="text"/> / <input type="text"/>	What was the gross amount paid?	\$ <input type="text"/>
Was there a public holiday or regional show day paid to the worker during the claim period?	<b>IF YES</b> →	Name of the public holiday or regional show day <input type="text"/>	

## WORKER CLAIM DETAILS CONTINUED

Hours per week  36 hrs  38 hrs

Weekly rate of pay used to calculate the payment

Hourly rate of pay used to calculate the payment

Did you pay your worker a weekly allowance for

Tools: Rate per week \$

Productivity: Rate per week \$

Skill: Rate per week \$

First Aid: Rate per week \$

Leading Hand: Rate per week \$

## SUPPORTING DOCUMENTATION

Please provide supporting documentation.

### Acceptable documentation includes:

→ A payslip, or

→ A payroll report (or similar) that confirms:

→ Date of payment

→ Pay period

→ Date of leave (for a taking leave claim)

→ Total number of long service leave hours paid to your worker

→ Rate of pay (including allowances or loading) used to calculate the gross amount

→ The gross and net amount that was paid to your worker

→ Employer and worker name

→ Your ABN

## ELECTRONIC FUNDS TRANSFER

Payment will be made to your nominated bank account. Ensure you complete the following details

BSB number

Account number

Account name

Bank

## DECLARATION

Penalties may apply for providing false or misleading information

I declare that the information provided is true and correct.

Signature

Date

/ /

## IMPORTANT INFORMATION

### TIMEFRAME

Applications must be made 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. 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 2016*.

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](http://www.qleave.qld.gov.au)

Please return the completed form to [members@qleave.qld.gov.au](mailto:members@qleave.qld.gov.au)



**PORTABLE  
LONG SERVICE  
LEAVE**

Unit 1, 62 Crockford Street, Northgate Qld 4013  
PO Box 348 Archerfield BC Qld 4108 | Freecall 1300 QLEAVE  
Email [members@qleave.qld.gov.au](mailto:members@qleave.qld.gov.au)  
Web [www.qleave.qld.gov.au](http://www.qleave.qld.gov.au)

