

This claim form is issued in accordance with s.56(1) and s.63(1) of the Building and Construction Industry (Portable Long Service Leave) Act 1991.

WORKER DETAILS

QLeave membership number	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Date of birth
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	Email	
<input type="text"/>	<input type="text"/>	

TYPE OF CLAIM - Please select only one of the following claim types

Taking leave

How many Queensland entitlement days do you want to claim?

When does your leave start?

 / /

Does this claim period include a public holiday for your regional show? Yes No

Name of work region

Leaving the industry

Your membership will be cancelled once this claim has been approved

Approved early retirement Bona-fide redundancy

Invalidity Other

Date employment ended

 / /

Personal representative

I am authorised to act on behalf of the worker

Name

Address

Mobile

Email

*Copy of death certificate, last will and testament, or enduring power of attorney are required to release payment

INTERSTATE SERVICE

If you're not a member of an interstate scheme, proceed to 'Employment Details'.

Please provide your interstate membership number/s and the number of days you want to include in this claim per interstate membership

	Membership number	Number of days to claim		Membership number	Number of days to claim
NSW:	<input type="text"/>	<input type="text"/>	SA:	<input type="text"/>	<input type="text"/>
	Membership number	Number of days to claim		Membership number	Number of days to claim
VIC:	<input type="text"/>	<input type="text"/>	NT:	<input type="text"/>	<input type="text"/>
	Membership number	Number of days to claim		Membership number	Number of days to claim
TAS:	<input type="text"/>	<input type="text"/>	WA:	<input type="text"/>	<input type="text"/>
	Membership number	Number of days to claim			
ACT:	<input type="text"/>	<input type="text"/>			

EMPLOYMENT DETAILS

Name of your most recent employer

What type of work is/was performed?

- Worker Type Employee (PAYG) – Attach a copy of your most recent payslip
 Labour only Subcontractor – Attach a copy of your most recent tax invoice which shows your hourly rate of pay, or your most recent tax invoices for a period of three months if you are paid on a piecework rate
 Working Director – Attach a copy of your income tax return for the two most recent financial years

Are the majority of your working hours spent on the tools? Yes No

RATE OF PAY

Hours worked per week (after RDO deduction) 38 36 Hourly rate of pay \$

If you receive any allowance/s as part of your wage, provide the amount you receive per week

Tools \$ Productivity \$ First aid \$ Leading hand \$ Qualification \$

TAXATION DETAILS

Tax file number

Do you want to claim the tax-free threshold for this payment? Yes No

ELECTRONIC FUNDS TRANSFER

- Long service leave payments are made when the claim is approved.
- If your leave start date is more than 14 days from the day this form is lodged, your payment will be made 10 days prior to your leave start date.

BSB Account number Account name Bank

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

- I declare that: All information provided is true and correct
 I have not be paid for part/all of this long service leave claim by my employer
 I have attached a copy of my driver's licence/photo identification and all documentation required for this claim

Signature

Date

/ /

HELP US UNDERSTAND THE PURPOSE OF YOUR CLAIM (Optional)

The purpose of this long service leave payment is: I intend to take leave to relieve financial pressures I'm currently in between projects

[Click here to LODGE YOUR LONG SERVICE CLAIM with QLeave](#)



**PORTABLE
LONG SERVICE
LEAVE**

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