

Contract Cleaning Industry (Portable Long Service Leave) Act 2005. This claim form is issued in accordance with Section 75 of the Act. Form CCI 6v4

Note: Please include a copy of the payslip/s or other documentary evidence as proof of payment.

1. EMPLOYER DETAILS

Registration number **C** _____
Name _____
Address _____
_____ P/code _____

2. ELECTRONIC FUNDS TRANSFER

Please complete the following details for payment to be made directly into your bank account.

Account No. _____
Account name _____
BSB ____ - ____ Bank. _____

3. CONTACT PERSON

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

Name _____
Telephone _____
Email _____

4. WORKER INFORMATION

Full Name _____

Membership number **Z** _____ DOB ____ | ____ | ____

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

Yes No

If YES, when was the long service leave taken?

From ____ | ____ | ____ To ____ | ____ | ____

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

CLICK HERE to lodge your claim form electronically with QLeave.

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

In total, how many hours long service leave was the worker paid?

Total number of hours _____

How many public holidays were included in the payment?

_____ Days

What was the GROSS amount paid? \$ _____

On what date was the payment made? ____ | ____ | ____

Please include a copy of the payslip/s, or other documentary evidence, as proof of payment

6. WORKER/PERSONAL REPRESENTATIVE CERTIFICATION

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

Signature _____ Date ____ | ____ | ____

If you are lodging your form electronically, type your name in the signature field.

7. EMPLOYER CERTIFICATION

I certify that the information provided is true and correct and have attached all proof/documentation required for this claim.

Signature _____

Title _____ Date ____ | ____ | ____

If you are lodging your form electronically, type your name in the signature field.



IMPORTANT INFORMATION

TIMEFRAME

The Contract Cleaning Industry (Portable Long Service Leave) Act 2005 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 BENEFIT

If the period of your claim includes a portion of time covered by the next return period, payment of your claim at this time will not provide you with the maximum payment.

The Authority will generally wait to progress your claim until after your Employer Return (which covers this period) is processed.

To ensure employers get the maximum reimbursement, the claim should be submitted with an Employer Return and levy for the most recent quarter for the worker up to the date of leave (especially if the worker is retiring or resigning from the company).

RATE

Reimbursement to employers is made in accordance with Section 75(3) of the Act.



**PORTABLE
LONG SERVICE
LEAVE**

Unit 1, 62 Crockford Street, Northgate Qld 4013
PO Box 315 Virginia BC Qld 4014 | **Freecall** 1300 QLEAVE
Email cci@qleave.qld.gov.au | **Web** www.qleave.qld.gov.au

QLeave administers the *Contract Cleaning Industry (Portable Long Service Leave) Act 2005* on behalf of the Contract Cleaning Industry (Portable Long Service Leave) Authority.

QLeave is collecting the information on this form for the purposes of administering the *Contract Cleaning Industry (Portable Long Service Leave) Act 2005*, as required by that Act. QLeave may give some or all of this information to various other Government departments or agencies as required or permitted by law.

