


Please complete this form or log in at [www.qleave.qld.gov.au](http://www.qleave.qld.gov.au) to complete your return online.

**Note:** This form is only to be completed by employers.

### EMPLOYER DETAILS

Employer number	Contact name	
<input type="text"/>	<input type="text"/>	
Email	Contact number	
<input type="text"/>	<input type="text"/>	
Employer mailing address		
<input type="text"/>		
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of employer or authorised person		
<input type="text"/>		

### WORKER DETAILS

Worker surname	Worker first name	Worker middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth	Gender	Worker's QLeave number (if known)	Worker email address	
<input type="text"/>	M F Unspecified	<input type="text"/>	<input type="text"/>	
Worker mailing address				
<input type="text"/>				
Suburb / Town	State	Postcode		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Start date	End date	What type of work was performed?		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Worker type (Mark X in one box only)	Casual? <b>IF YES</b>	Days worked (Include weekend work)	Terminated?	Was this worker full-time?
<input type="checkbox"/> Emp (PAYG) <input type="checkbox"/> Labour Only Sub <input type="checkbox"/> Working Director	<input type="checkbox"/> Mark X if YES 	<input type="text"/>	<input type="checkbox"/> Mark X if YES	<input type="checkbox"/> Mark X if YES

Please send completed form to [services@qleave.qld.gov.au](mailto:services@qleave.qld.gov.au)