

Contract Cleaning Industry (Portable Long Service Leave) Act 2005. This claim form is issued in accordance with Section 71 of the Act. Form CCI 7v9

1. 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"/>	

2. CLAIM DETAILS - Please select only one of the following claim types

<input type="checkbox"/> 10 year long service (If you're making a 10 year long service leave claim, you must take unpaid leave with your employer)	What is the first day of your leave period? <input type="text"/> / <input type="text"/> / <input type="text"/>
	What is the last day of your leave period? <input type="text"/> / <input type="text"/> / <input type="text"/>
	How many days of leave are you taking (excluding weekends)? <input type="text"/>
	Does this claim period include a public holiday for your regional show? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(for example, Cairns Annual Show)</i>
	<input type="checkbox"/> I understand I am unable to work as an employee while on long service leave
<input type="checkbox"/> Permanently leaving the industry (This claim will cancel your QLeave registration)	Reason for leaving the industry: <input type="checkbox"/> Bona fide redundancy <input type="checkbox"/> Invalidity <input type="checkbox"/> Approved early retirement <input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Personal representative (Please provide a copy of the death certificate, last will and testament or enduring power of attorney)	<input type="checkbox"/> I am authorised to act on behalf of the worker Your name <input type="text"/> Address <input type="text"/> Email <input type="text"/> Mobile <input type="text"/>

3. CURRENT/LAST EMPLOYER FOR WORK PERFORMED IN QUEENSLAND

Business name <input type="text"/>	How long have you worked for this employer? <input type="text"/>
Where is your work performed? <input type="text"/>	
<input type="checkbox"/> I am currently employed by the above employer OR <input type="checkbox"/> Last date worked for above employer was <input type="text"/> / <input type="text"/> / <input type="text"/>	
If you have more than one current employer please provide their details	
Business name <input type="text"/>	

4. INTERSTATE SCHEME *Additional processing time may apply to these claims*

Do you have interstate service you want to claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide your interstate membership number: NSW <input type="text"/>	ACT <input type="text"/>

5. TAXATION DETAILS

Tax file number

Do you want to claim the tax-free threshold for this payment? Yes No
(You can claim the tax-free threshold from only one payer at a time.)

6. BANK ACCOUNT PAYMENT DETAILS

BSB

Account number

Account name

7. SUPPORTING DOCUMENTS

Supporting documentation is required. Please include the correct documentation for your claim type.

For 10 year long service leave and leaving the industry claims:

- a payslip OR
- a letter from your employer (on company letterhead) stating that they have not paid you for this long service leave claim

If you're a labour only subcontractor and can't supply one of the above, please provide:

- a tax invoice that shows your hourly rate of pay

Additional evidence required for leaving the industry claims:

- Approved early retirement scheme** - proof of your employer-devised early retirement scheme approved by the Commissioner of Taxation.
- Genuine redundancy** - a copy of your separation certificate citing redundancy as the reason for ending your employment.
- Invalidity** - certification from two qualified medical practitioners stating physical or mental incapacity has stopped you from continuing in the industry, forcing you to leave your employment early (before age 65).
- Standard** (where none of the above apply) - no additional proof required.

For personal representative claims:

- a copy of the death certificate OR last will and testament OR enduring power of attorney

Please note: we may require more documentation, that is not listed above, to process your claim. We'll contact you if we need more information.

8. DECLARATION

Penalties may apply for providing false or misleading information

For 10 year long service leave and leaving the industry claims

- I declare that: All information provided is true and correct
- I have not been paid for part/all of this long service leave claim by my employer
 - I have attached all documentation required for this claim

Signature

Date

/ /

For personal representative claims

- I declare that: All information provided is true and correct
- I have attached all proof/documentation required for this claim
 - I am authorised to act on behalf of the worker
 - this worker has not been paid for part/all of this long service leave claim by the employer

Personal representative

Signature

Date

/ /

Please return the completed form and your supporting documents to cci@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 (1300 753 283)
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.

